



Verification of ASSETS ON DEPOSIT		
Administrator Name: <i>Houston-Galveston Area Council</i>	Contract Number:	
Address: <i>P. O. Box 22777 Houston, Texas 77227-2777</i>		
Phone: <i>1-877-442-2777</i>	Fax: <i>713-993-2456</i>	Email: <i>Jsmith@h-gac.com</i>
Applicant Name:		
RELEASE: Applicant's signature here authorizes the release and/or verification of the requested Assets on Deposit information to be listed and itemized on Page 2 of this form.		
_____ <i>Signature of Applicant</i>	_____ <i>Date</i>	
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.		

Assets on Deposit Verification and Authorization

Federal regulations require verification of employment and income of all members of any household applying to participate in the Hurricane Ike Disaster Recovery Housing Program. Employment and income must also be re-examined and re-verified periodically. We ask your cooperation in supplying this information to the above-referenced administrator. The information you provide will be used only to determine the eligibility status and level of benefit available to the applicant household.

Checking Accounts	Account Numbers _____ _____	Average Monthly Balance For Last 6 Months _____ _____	Current Interest Rate _____ _____	
Savings Accounts	Account Numbers _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	
Certificates of Deposit	Account Numbers _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____
IRA, Keogh, Retirement Accounts	Account Numbers _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____
Money Market Funds	Money Market Funds _____ _____	Average 6-Month Balance Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____

	_____	_____	_____	_____
	_____	_____	_____	_____

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I hereby certify that the asset information provided is true and correct.

Signature of Financial Institution Representative: _____

<i>Title:</i>	<i>Date:</i>	<i>Phone:</i>
<i>Name of Financial Institution:</i>		<i>Address:</i>