



3-1B Verification of Assets

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

RE: _____
Applicant's Name Name of Banking Institution

I hereby authorize release of my information.

Signature of Applicant _____ Date _____

OR copy of the attached executed release form which authorizes the information requested

Federal regulations require verification of assets for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: _____ Fax #: _____ Email: _____

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

Checking Account #		Avg 6 Month Balance	Current % Rate	
1		\$	%	
2		\$	%	
Savings Account #		Current Balance	Current % Rate	
1		\$	%	
2		\$	%	
Money Market Account #		Avg 6 Month Balance	Current % Rate	
1		\$	%	
2		\$	%	
Cert of Deposit Account #		Current Balance	Current % Rate	Withdrawal Penalty
1		\$	%	
2		\$	%	
Retirement Savings (IRS, Keogh, 401(k))		Current Balance	Current % Rate	Withdrawal Penalty
1		\$	%	
2		\$	%	

If the "6 month average" requested above is unavailable, explain why (i.e. account open for four months, system only allows for three month averages, etc...) _____

Additional remarks: _____

Authorized Signature Printed Name Date

Title Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the US 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.