

# THIRD-PARTY VERIFICATION OF ASSET INCOME

(To Be Completed For All Household Members, Including Minors)

State and/or Federal Regulations require us to verify asset income information for the person that has" provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed or you may fax to: \_\_\_\_\_

**Authorization:**

I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant	Print Name	Date
Co-Applicant/Household Member	Print Name	Date

**Please return information to:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Department: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Complete the (applicable) Sections below:**

Institution Name: \_\_\_\_\_ Checking Account #: \_\_\_\_\_  
 Average Monthly Balance (last 6 months): \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_  
 Savings Account #: \_\_\_\_\_ Balance/Interest Rate: \$ \_\_\_\_\_, \_\_\_\_\_ %  
 Certificate of Deposit #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ Withdrawal Penalty: \$ \_\_\_\_\_  
 IRA, Keogh, Retirement Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ Withdrawal Penalty: \$ \_\_\_\_\_  
 Other Account #: \_\_\_\_\_ Amount/Interest Rate: \$ \_\_\_\_\_, \_\_\_\_\_ %  
 Signature of authorized representative: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

**NOTE:** For ALL Household Members, including minors, obtain a signed copy of this form for each verification to be completed. Send form directly to depository institution; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between / amount reported and verified, obtain a written explanation from applicant and attach to file.