



Request for Verification of Deposit

The undersigned applicant and or participant have applied or are receiving rental assistance under the Walla Walla Housing Authority. The Department of Housing and Urban Development requires the Public Housing Agency to verify all information that is used in determining this person(s) eligibility and/or continued assistance.

The participant has consented to this release of information as evidence by his/her signature below or signed release form.

Part I – Request

To (Name and address of Depository)		Requestor's Name: _____ Walla Walla Housing Authority 501 Cayuse Street Walla Walla Washington 99362	
I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.			
Signature of Requestor	Title	Date	Phone #
Verify			
Type of Account	Account in Name of	Account Number	Balance
			\$
			\$
			\$
			\$
Name Address of Applicant(s)		Signature of Applicant XXX-XX-_____ Last 4 of Social Security Number	

TO BE COMPLETED BY DEPOSITORY

Part II – Verification of Depository

Deposit Accounts of Applicant(s)				
Type of Account	Account Number	Current Balance	Average Balance for Previous 6 Months	Interest Percentage Rate
				%
				%
				%
				%

Part III – Authorized Signature

Section 1001 of Title 18 of US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the US as to any matter within its jurisdiction.		
Signature of Representative	Title	Date
Print Name	Phone Number	

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

