

# TRUST ACCOUNT VERIFICATION

## Trust Account Contact Info:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
SS#: \_\_\_\_\_

## My Signature Authorizes Verification of my Trust Account Information:

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named above is an applicant/tenant of housing that is financed or assisted by the Federal or State Government. The housing owner is required to verify all information that is used in determining the household's eligibility or level of benefits. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of the stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

\_\_\_\_\_  
Project Owner/Management Agent  
\*\*\*\*\*

## THE FOLLOWING INFORMATION TO BE COMPLETED BY INSTITUTION: (Please answer ALL questions.)

Trust Account #: \_\_\_\_\_ Date Established: \_\_\_\_\_

Applicant/Tenant is:  Grantor  Beneficiary  Other

Check One:  Trust is Revocable  Trust is Irrevocable  Special Needs Trust

Control of Account is held by: \_\_\_\_\_

Does Applicant/Tenant have access to or able to withdraw funds?  YES  NO If yes, please explain:

Principle Amount of Trust? \$ \_\_\_\_\_

Total Annual Interest/Dividend Income\*\*: \$ \_\_\_\_\_ % \*\*Provide even if re-invested.

Are Periodic Payments being made?  YES  NO

Are payments made from being made from the principle amount of Trust ONLY?  YES  NO

### If NO:

Total Amount Paid out in PAST 12 months? \$ \_\_\_\_\_

Total Amount Anticipated in NEXT 12 months? \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Printed Name & Title of Official

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Telephone

**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. HUD and any owner (or an employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant of participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a)(6), (7) and (8). Violations of these provisions are cited as violations of 42USC 408(a), (6), (7) and (8).