## **ASSET VERIFICATION 401K**

TO:	(Name & address)		
RE:			
KE.	Applicant/Tenant Name	Social Security Number	Unit # (if assigned)
I hereby	authorize release of the requested information.		
Signature	e of Applicant/Tenant Date		
Low Inco requirem	equired by the Internal Revenue Service (IRS) to verify the ome Housing Tax Credit Program housing. The Delaware ents. Please complete the form below and return it to the a sed to determine the family's eligibility for admission or c	State Housing Authority monitors compliaddress shown below as soon as possible.	ance for IRS This information will
Property	Owner/Management Agent MAIL OR FAX TH	IIS FORM TO:	

THIS SECTION TO BE COMPLETED BY 401K ADMINISTRATOR

## PLEASE COMPLETE THE FOLLOWING:

Does the employee have access to any of the funds while employed? <i>If no, please sign and date the bottom of this form and return.</i>			_ Yes	No
If yes, what amount is available for withdrawal? Include only the amount available for <u>withdrawal</u> . Do amounts that an employee can take a loan against, but	\$			
If this amount is zero, please sign and date the bottom	of this form and ret	urn.		
What is the current market value of the account?	\$			
What is the penalty for withdrawal?	\$			
What are the annual dividends or the current annual yield?			or	%
401K Adm	inistrator			
Signature:	Date:			
Print your name:	Tel. #:			
Title:				
Address :				

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Asset Verification - 401K - 5/2005