## **STOCKS / BONDS VERIFICATION**

TO: (Name & address)		
RE:Applicant/Tenant Name	Social Security Number	r Unit # (if assigned)
I hereby authorize release of the requested information.		
Signature of Applicant/Tenant		Date
We are required by the Internal Revenue Service (IRS) to verify the incon Housing Tax Credit Program housing. The Delaware State Housing Auth below and return it to the address shown below as soon as possible. This admission or continued occupancy. Your cooperation is appreciated.	nority monitors complia	nce for IRS requirements. Please complete the form
Property Owner/Management Agent		
MAIL OR FAX THIS FORM TO:		
THIS SECTION TO BE COMPLETED BY	BROKER OR A	UTHORIZED OFFICIAL
<u>ST(</u>	<u>DCKS</u> :	
Name of Stock Company:		
Current Market Value minus broker/legal fees for conversion to o	cash: \$	
Total dividends paid in previous 12 months (included even if reir	vested): \$	
Name of Stock Company:		
Current Market Value minus broker/legal fees for conversion to o	cash: \$	
Total dividends paid in previous 12 months (included even if reir	vested): \$	
BC	<u>DNDS</u> :	
Name of Issuing Agent:		
Current Market Value minus broker/legal fees for conversion to o		
Total interest paid in previous 12 months:		
Name of Issuing Agent:		
Current Market Value minus broker/legal fees for conversion to o		
Total interest paid in previous 12 months:	\$	
Signature of Broker		
Signature: Print your name:		Date: Telephone #:
Title:		
Company Name		
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.