ASSET VERIFICATION 401K

TO: (Name & address)

_____
_____
_____

RE: _____ _____ _____
Applicant/Tenant Name | Social Security Number | 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 incomes of all family members applying for admission to any Low Income Housing Tax Credit Program housing. The Delaware State Housing Authority monitors compliance for IRS requirements. Please complete the form below and return it to the address shown below as soon as possible. This information will only be used to determine the family's eligibility for admission or continued occupancy. Your cooperation is appreciated

_____
Property Owner/Management Agent

MAIL OR FAX THIS 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? _____ Yes _____ No
If no, please sign and date the bottom of this form and return.

If yes, what amount is available for withdrawal? $_____
Include only the amount available for withdrawal. Do not include amounts that an employee can take a loan against, but must be repaid.

If this amount is zero, please sign and date the bottom of this form and return.

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 Administrator

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.