

ANNUITY VERIFICATION

To: (Name and Address of Pension/Annuity Administrator)

Date:

RE:

(Applicant/Tenant)

Social Security Number

Unit Number (optional)

I hereby authorize the release of the requested information.

Signature of Applicant/Resident

Date

The individual named directly above is an applicant/resident of a housing program that requires verification of assets and income. The information provided will remain confidential.

Your prompt response is crucial and greatly appreciated.

Property Owner/Management Agent

PLEASE RETURN FORM TO:

THE FOLLOWING IS TO BE COMPLETED BY AUTHORIZED PERSONNEL

Type of Annuity: Fixed Variable

Does the owner have the right to withdraw the balance of the annuity? Yes No

If YES, please list estimated penalty: \$ _____

Date Account Opened: _____

Date of Initial Award Payment: _____

Current Gross Payment Amount: \$ _____

How often are payments received: Monthly / Quarterly / Annually
(Please circle one)

Current Interest Rate: _____%

Current Account Balance in Annuity: \$ _____

Authorized Representative

Title

Address

Telephone

Date

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.
