Zanesville Metropolitan Housing Authority

HOUSING CHOICE VOUCHER PROGRAM (Section 8)

407 Pershing Road, Zanesville, Ohio 43701 ● Phone: (740) 454∙6866 ● **Fax**: (740) 454∙8567

**BANKING VERIFICATION FORM**

**YOU MUST COMPLETE and SIGN** the top portion of the form **& GIVE TO YOUR** bank.

|  |
| --- |
| HEAD OF HOUSEHOLD NAME**:** |

I  **(PRINT NAME)**  **(Social Security #)**

hereby authorize the release of all required income and asset information.

|  |  |
| --- | --- |
| **SIGNATURE (REQUIRED) of Member of Household with a Bank Account** | **DATE** |
| X |  |

**……………………………………………………………**

**BANKING OFFICIAL:** Please complete the information below and return by fax or mailtoZMHA’s HCVP (Section 8) office at the address or fax number listed above.

Dear Banking Official:

We are required by the department of Housing and Urban Development to verify the assets and income of all persons involved in the HCVP (Section 8). To comply with this requirement, we ask for your cooperation in completing the applicable items on the following report for the person listed above. This information will be used only in determining the eligibility status and rent of this person.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHECKING ACCOUNT** | | | | | |
| **Account numbers** | **Average Monthly Balance**  **for 6 Months** | | **Interest Rate** | | |
|  |  | |  | | |
|  |  | |  | | |
|  |  | |  | | |
| **SAVINGS ACCOUNT** | | | | | |
| **Account Numbers** | **Current Balance** | | **Interest Rate** | | |
|  |  | |  | | |
|  |  | |  | | |
|  |  | |  | | |
| **CERTIFICATE OF DEPOSITS, IRA ACCOUNTS, ETC.** | | | | | |
| **Account Numbers** | **Present Account Balance** | | **Cash Value** | | **Interest Rate** |
|  |  | |  | |  |
|  |  | |  | |  |
|  | | | | | |
| **TRUST** | | | | | |
| **Value of Fund Administered Trust:** | | | |  | |
| **Anticipated Amount of Income to be Earned by Trust over Next 6 Months:** | | | |  | |
|  | | | |  | |
| **I hereby certify that the information above is true. I understand I can be fined up to $10,000.00 or imprisoned up to five (5) years if I furnished false or incomplete information.** | | | | | |
| **SIGNATURE OF BANKING OFFICIAL:** | | **DATE:** | | | |
| **PRINT NAME OF BANKING OFFICIAL:** | | **PHONE:** | | | |
| **TITLE:** | | **FAX:** | | | |
| **NAME OF BANKING INSTITUTION:** | |
| **ADDRESS:** | |