

Request for Verification of Deposit

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (If VA); by 12 USC, Section 1701 et.seq. (If HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et.seq. or 7 USC, 1921 et.seq. (If USDA/FmHA).

or 7 USC, 1921 et.se	eq. (If USD	A/FmHA).				., .,					,	
Depo	sitory - Ple	ase comple	te Items 10	through 18 a	int(s) complete Ite and return DIRECT ider and is not t	TLY to lender n	amed i	n Item 2.			ârtv	
Part I - Reques		o transmi	tou unocu	y to the len	ider and is not t	o be transmitt	eu till	ough the appli	cant(s) or ar	iy Other p	arty.	
To (Name and address of depository)						2. From (Name and address of lender)						
I certify that this ver	ification has	been sent	directly to	the bank o	or depository and	has not passe	d thro	ugh the hands	of the applic	cant or an	y other party.	
3. Signature of lender				4. Title			5. Dat		6. Lend		er's No. (Optional)	
7. Information To Be	Verified							l				
Type of Account Acco			count in Name of				Account Number			Balance		
											\$	
										\$		
							†			\$		
To Depository: I/We to verify this informati which no responsibility. 8. Name and Address	on and to su y is attached	ipply the lei to your ins	nder identifi	ed above wit	th the information		ems 10		ur response i			
To Be Complete												
Part II - Verific			ory									
10. Deposit Account	s of Applica	int(s)										
Type of Account		Account Number			Current Balance		Average Balance For Previous Two Month					
					\$		\$					
					\$		\$					
11 1	T . A !				\$		\$					
11. Loans Outstandir	ng To Apple	cant(s)	I			T					T	
Loan Number Date of				Mount	Current Balance	(Month)	Installments (Monthly/Quarter		Secured	Ву	Number of Late Payments	
			\$		\$	\$		per	ļ			
	-		\$		\$	\$		per	-			
12. Please include ar in Item 11 above		l informatio	s on which m	ay be of as	sistance in deter	\$ mination of cre	edit wo	per orthiness. (Plea	se include in	formation	on loans paid-in-full	
13. If the name(s) or	the accour	nt(s) differ	from those	listed in Ite	em 7, please sup	ply the name(s	s) on ti	he account(s) a	s reflected b	y your re	cords.	
Part III — Author or conspiracy purporthe HUD/CPD Assi	sed to influ	ence the	Federal s issuance o	tatutes pro f any guar	vide severe pen anty or insuranc	alties for any ce by the VA	fraud, Secre	, intentional m tary, the U.S.	isrepresenta D.A., FmHA	ition, or o	criminal connivance ommissioner, or	
14. Signature of Depository Representative					15. Title (Please print or type)					16. [Date	
17. Please print or type name signed in item 14					18. Phone N	0.						