



Pierce County
Housing Authority

Address: 603 Polk Street South Bldg A., Tacoma, WA 98444
Ph.: 253-620-5400 Fax: 253-620-5455 TTY: 253-620-5499
www.pchawa.org

Tenant MUST provide a current bank statement, all pages, dated within 60 days of submitting your annual recertification.

Date: _____

Name of Financial Institution

Name: _____

Address: _____

City/State: _____

Phone #: _____

Fax #: _____

Customer's Name: _____

Customer's Address: _____

REQUEST FOR VERIFICATION OF ASSETS

Regulations require the Housing Authority to verify assets of **ALL** household members for the purpose of determining the family's eligibility for rental assistance.

I hereby request that you release information to the Housing Authority regarding my assets.
I understand that this information will be kept confidential and will be used only for program purposes.

_____ Customer Name - **PLEASE PRINT**

_____ Social Security Number

_____ Signature of Release for Customer

**RETURN FORM TO
PCHA**

**** TO BE COMPLETED BY FINANCIAL INSTITUTION ONLY, PCHA WILL SEND TO BANK/CU****

Family Member Name	Asset type (checking, stocks, real estate, etc)	Account Number	Cash Value of asset	Interest Rate	Date account opened	Date account closed

YOU MAY SEND A COPY OF THE ACCOUNTS TRANSACTIONS IN LIEU OF COMPLETING THIS FORM

_____ Signature

_____ Title

_____ Phone #

_____ Date

This form should be completed and signed by a bonafide representative of the financial institution. In no event should it be completed by the customer. Federal Statutes provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy.