

## LIFE INSURANCE VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

**SEND TO:**

Business Name:		Contact Person:	
Address:		Phone:	Fax:
City:	State:	Zip:	Email:

My Signature Authorizes Verification of my Life Insurance Information:

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

\_\_\_\_\_  
Project Owner/Management Agent

**THIS SECTION TO BE COMPLETED BY LIFE INSURANCE COMPANY**

Policy Account #	Cash Surrender Value	Dividend/Interest Rate *
# _____	\$ _____	% _____
# _____	\$ _____	% _____
# _____	\$ _____	% _____
# _____	\$ _____	% _____

**\*Provide amount regardless of whether individual has chosen to re-invest interest/dividends**

Balance of any outstanding loans against policy/policies: \$ \_\_\_\_\_

Penalty fee or % of Cash Surrender Value charged to cash in each policy: \$ \_\_\_\_\_ % \_\_\_\_\_

**NET ASSET VALUE = Total Cash Values [less] Loan Balances [less] Penalties = \$ \_\_\_\_\_**

**AUTHORIZED SIGNATURE**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** 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

**--OFFICE USE ONLY--**

Date Sent: \_\_\_\_\_

Date

Received: \_\_\_\_\_

Comments: \_\_\_\_\_