PENSION 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:			

Pension Provider:

Company Name:			**Contact Name:**				
Address:			**Phone:**			**Fax:**	
City:		**State:**		**Zip:**		**Email:**	

My Signature Authorizes Verification of my Pension Account 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 PENSION PROVIDER

Pension Account Number	**Current Balance**	**Can Applicant/Tenant Convert to Cash?**		**Interest/Dividend***
	$	☐ **YES**	☐ **NO**	**$ %**
	$	☐ **YES**	☐ **NO**	**$ %**
	$	☐ **YES**	☐ **NO**	**$ %**
	$	☐ **YES**	☐ **NO**	**$ %**
**** If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)***				
Does the individual receive periodic payments from any account listed above:		☐ **YES**		☐ **NO**
If yes, please complete following:				

Account Number	**Gross Payment Amount**	**Payment Frequency**	**Fixed or Subject to Change?**
	$	[ ] Monthly [ ] Other:	[ ] Fixed [ ] Subject to Change
	$	[ ] Monthly [ ] Other:	[ ] Fixed [ ] Subject to Change
	$	[ ] Monthly [ ] Other:	[ ] Fixed [ ] Subject to Change
	$	[ ] Monthly [ ] Other:	[ ] Fixed [ ] Subject to Change

Please list any expected changes: _____

Signature Date

Name and Title of Person Supplying the Information

Phone # Fax # E-Mail

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