TRUST ACCOUNT 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:			

TRUST ACCOUNT CONTACT INFO:

Trustee Name:			**Contact Person:**				
Address:			**Phone:**			**Fax:**	
City:		**State:**		**Zip:**		**Email:**	

My Signature Authorizes Verification of my Trust 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 TRUSTEE

Trust Account Number: _____ Date Established: _____

Applicant/Tenant is: [ ] Grantor [ ] Beneficiary [ ] Other:

Check One: [ ] Trust Account is Revocable [ ] Trust Account is Irrevocable

Control of the Account is Held by: _____

Cash Value Amount of Trust: $ _____ **cash value is current value minus any costs required to convert the account to cash*

Are Periodic Payments Paid to Applicant/Tenant? **[ ] YES [ ] NO**

If YES,

Total Amount Paid out in Last 12 Months: $ _____

Total Amount Anticipated in Next 12 Months: $ _____

Total Annual Interest/Dividend Income: $ _____ **list this even if income is re--invested*

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

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