

**ASSET VERIFICATION**

Low Income Housing Tax Credit Program  
North Dakota Housing Finance Agency

**RVCDC**  
3233 South University Drive  
Fargo, ND 58104

Name and Address of Bank:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Applicant: \_\_\_\_\_

Social Security: \_\_\_\_\_

Birth Date: \_\_\_\_\_

**TO BE COMPLETED BY PROJECT MANAGER**

The person listed above has indicated that he or she has assets in your institution. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing project receiving tax credits under Section 42 of the Internal Revenue Service Code.

\_\_\_\_\_ Management Agent

**TO BE COMPLETED BY APPLICANT**

I hereby authorize the above named management agent to make inquiries regarding my financial circumstances for the purpose of determining my eligibility for occupancy.

Signed \_\_\_\_\_

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

**TO BE COMPLETED BY THE BANK**

Checking Account Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Average Balance for Previous Six Months \_\_\_\_\_

Current Savings Account Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Certificates of Deposit # \_\_\_\_\_ Value \_\_\_\_\_ Interest Rate \_\_\_\_\_

Certificates of Deposit # \_\_\_\_\_ Value \_\_\_\_\_ Interest Rate \_\_\_\_\_

Certificates of Deposit # \_\_\_\_\_ Value \_\_\_\_\_ Interest Rate \_\_\_\_\_

Money Market Certificate \_\_\_\_\_ Value \_\_\_\_\_ Interest Rate \_\_\_\_\_

Other Accounts \_\_\_\_\_

Signature and Title of Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

**PLEASE RETURN TO:** **RVCDC**  
3233 South University Drive  
Fargo, ND 58104

Phone Number: 1-800-726-7960 Fax Number: 701-298-3115

