



## Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385  
 Xenia: 937-376-2908, Fairborn: 937-429-7736  
 General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230  
 Website: [www.gmha.net](http://www.gmha.net)

Please complete and return to requesting Department (see above Fax #s)

### VERIFICATION OF BANKING ACCOUNTS

APPL#: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned, hereby authorize the release of the information requested below. Date: \_\_\_\_\_  
 Signature: **SEE ATTACHED RELEASE**

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

**TO BE COMPLETED BY INSTITUTION:**

CHECKING ACCOUNT		
Account Number(s)	Six Month Average Monthly Balance	Annual Interest Rate
	\$	%
	\$	%
	\$	%
	\$	%
Is/are checking account(s) interest? <input type="checkbox"/> yes <input type="checkbox"/> no <span style="float: right;">Interest Rate                      %</span>		
SAVINGS ACCOUNT		
Account Number(s)	Current Account Balance(s)	Annual Interest Rate
	\$	%
	\$	%
	\$	%

CERTIFICATE OF DEPOSIT		
Deposit Number(s)	Present Value	Annual Interest Rate
	\$ _____	_____ %
	\$ _____	_____ %
	\$ _____	_____ %
	\$ _____	_____ %

**TRUST**

**Value of Trust Fund Administered: \$ \_\_\_\_\_**

**Anticipated amount of income to be earned by Trust over next 12 months: \$ \_\_\_\_\_**

**PROPERTY**

**Value of Equity Real Property: \$ \_\_\_\_\_**

**I certify that the above information is true and correct.**

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

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*

GMHA does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

