



# Verification of Resources

Office Use Only  
Received Time: \_\_\_\_\_

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

**SECTION A - To be completed by the Homebuyer/Applicant**

Applicant Name:	Do you or any of your family members have any assets such as checking, savings or credit union accounts, stocks or bonds, etc?  ___ Yes - Sign and date below. Take this form to your bank or financial institution for completion of Section B.  ___ No - Sign and date below. Do not complete Section B.
Name of Account Holder, if different than applicant:	
Address of Account Holder:	
County:	
City: State: Zip Code:	
Account Holder Social Security Number:	

I authorize my bank or financial institution to release the information below.

\_\_\_\_\_ Signature \_\_\_\_\_ Date Signed

**Section B - To be completed by Applicant's Bank or Financial Institution**

Please provide the information requested so we can quickly determine the homebuyer's program eligibility. It is necessary to verify resources held presently or within the past year (including closed accounts) by the person named above, either alone or jointly with other persons.

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

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

City: State: Zip Code:

Account History: (Accounts held including checking or draft, savings or share, Certificate of Deposit, IRA/Keogh, Prepaid burial, etc.)

Types of Accounts Held	Account Number	Date of Last Withdrawal	Amount Last Withdrawal	Present Balance	Interest Rate %	Amount of Penalty Early Withdrawal

For each joint account list the account number and members on the account: \_\_\_\_\_ Remarks: \_\_\_\_\_

I understand that any false pretense, including any false statement or representation; or the fraudulent obtaining of money, real or personal property; or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.

\_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



For assistance with this application, please consult:  
Michigan Commission for the Blind (1-800-292-4200)  
Michigan Relay Center (1-800-649-3777)