NEW DEVELOPMENT CORP.
228 Carrier Street NE
Grand Rapids MI 49505

Office Use Only
Received Time: _____
Date:_____

Verification of Resources

Section A - To be completed by the Homebuyer/Applicant

Applicant Name:

Name of Account Holder, if different than applicant:

Address of Account Holder:

City, State, Zip Code:

County:

Account Holder Social Security Number:

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.

___ No Sign and date below. Do not complete Section B.

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

_____ Signature

_____ Date Signed

Bank Name:

Bank Address:

City: State: Zip Code:

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 jointly or with other persons.

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

EQUAL HOUSING OPPORTUNITY

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