

SC State Housing Finance and Development Authority Verification of Bank Accounts

To the Bank or Financial Institution: _____

As an applicant/participant in the HUD Section 8 Rental Assistance Program, I am required to provide information concerning Bank Accounts. This account information will be used for rent calculation purposes. Please complete this form and return it to the Housing Program Coordinator (HPC) listed below. Your prompt cooperation in supplying the requested information is appreciated. If you have any questions, please do not hesitate to contact the HPC.

Mailing Address:

SC State Housing Finance & Development Authority
Voucher Program – _____ County HPC
300-C Outlet Pointe Blvd
Columbia, SC 29210

Phone: (803) 896-_____
Fax: (803) 551-_____

Name of Participant: _____

SSN: _____

Signature Authorizing Release of Information: _____

Date: _____

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TO BE COMPLETED BY A BANK OFFICIAL

Type of Account (Checking, Savings, CD's, Investments)	Account Number	Current Amount Balance	Interest Rate	Yearly Interest Earned	Monthly Interest Earned
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$

Remarks (account restrictions, etc.): _____

Signature of Bank Official

Date

Printed Name

Title

Bank Name and Street Address

Telephone Number

City, State and Zip Code

Fax Number

If using a Telecommunications Device for the Deaf (TDD), please call: (803) 896-8831.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.