

City of Midland Senior Housing -- SAVINGS/INVESTMENTS VERIFICATION FORM

RIVERSIDE PLACE
 400 E. Main Street
 Midland, Michigan 48640

WASHINGTON WOODS
 821 Cambridge Street
 Midland, Michigan 48642

COMPANY OR INSTITUTION (Bank, Credit Union or Broker):

 Name

 Address

**THIS IS A REQUEST FOR
 VERIFICATION OF SAVINGS
 OR INVESTMENTS,
 ASSETS AND INCOME.**

APPLICANT'S NAME _____ (Please print)

 Signature of Applicant

 Address

 Social Security Number

 Spouse (if applicable)

 Social Security Number of spouse (if applicable)

APPLICANT -- PLEASE FILL OUT THE INFORMATION ABOVE AND FORWARD TO YOUR SAVINGS INSTITUTION.

SAVINGS INSTITUTION -- PLEASE FILL IN THE INFORMATION BELOW AND RETURN TO THE ADDRESS BELOW.
 The person whose name and address are given above has applied for a dwelling unit in the City of Midland Senior Housing Apartment facility. One of the requirements to be eligible for admission is that an applicant must verify his amount of assets and income. The information requested below is for the purpose of determining eligibility and/or the amount of rent to be paid by the tenant and will be kept in strict confidence. Thank you for your cooperation on behalf of this applicant.

Please list all savings accounts, checking accounts, Time Certificate, Certificate of Deposits, stock, mutual funds, bonds, annuity or other savings or investment accounts for the above mentioned individual(s).

Type of Account	Account Number	Balance or Value	Interest rate/ Earnings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list additional accounts on the back side of this sheet.

 Signature of Verifier Title Date

RETURN to **Washington Woods** or **Riverside Place** at the address above.