LIFE INSURANCE VERIFICATION

(Whole Life or Universal Life Policies Only)

Send To: «reference_name»
«reference_address_line1»
«reference_address_line2»
«reference_city», «reference_state» «reference_zip»

Applicant/Tenant: «full_name» Unit # «apt_nbr»

Soc. Security #: «ssn»

Property Name: «community»

Address: «community_address_line1»
«community_address_line2»
«community_city», «community_state» «community_zip»

Pursuant to federal regulations, we are required to verify all income/assets of person(s) seeking or continuing residency in an apartment governed by the Low-Income Tax Credit Program under Section 42 of the Internal Revenue Code. This information will only be used for the determination of residency eligibility under this Program. Please complete the following information and return as soon as possible via FAX or mail in the enclosed self-addressed envelope provided. Your prompt attention and return of this information will be appreciated. *(Comments: Should Net Asset Value prove less than $0, consider asset to have $0 value)*

Policy Account #	**Cash Surrender Value**	**Dividend Interest Rate ("N/A" if no interest)**
#	$	%
#	$	%
#	$	%

Balance of any outstanding loans against policy/policies: $

Penalty fee or % of Cash Surrender Value charged to cash in each policy: $ %

NET ASSET VALUE = Total Cash Values [less] Loan Balances [less] Penalties = **$**

AUTHORIZED SIGNATURE

Print Name: Title:

Signature: Date:

Telephone:

RETURN TO: «rental_agent» ***RETURN BY:*** «return_date»
«mgmt_company»
«mgmt_company_address1»
«mgmt_company_address2»
«mgmt_company_city», «mgmt_company_state» «mgmt_company_zip»

#	$	%

--OFFICE USE ONLY--

Date Sent: «send_date»

Date Received:

Comments: