

Verification of Annuity

«send_date»

Property: «community»

«reference_name»

Re: «full_name»

«reference_address_line1»

«address_line1»

«reference_address_line2»

«address_line2»

«reference_address_line3»

«city» «state» «zip»

«reference_city» «reference_state» «reference_zip»

SS: «ssn»

This person has applied for or already receives housing assistance. We are required to verify all information that is used in determining this person's eligibility or level of benefits. Your prompt return of this information is necessary to assure timely processing of the application or continuation of assistance. Please provide the following information and return to us in the provided self-addressed, stamped envelope. A consent to release this information can be found below or attached to this form. Thank you.

«mgmt_company»

Type of Annuity	Check one: Hybrid/Combo ___ Deferred ___ Life ___	Acct # «reference_claim_nbr»
Total Invested by Applicant/Tenant To Date \$ _____		Today's Value \$ _____
Can this annuity be withdrawn at any time?		Yes ___ No ___
For early withdrawal, if there is a penalty, what would that be?		\$ _____ per ___ OR ___ %
For early withdrawal, what tax rate and tax penalty would apply?		Rate ___ % Penalty \$ _____
Will annuity earn income on the balance over the next year?		Yes ___ No ___
If Yes, what is the expected growth in dollar amounts or in % over the next year?		\$ _____ per ___ OR ___ %
Has the applicant/tenants portion of the investment been paid out in full?		Yes ___ No ___
If Yes, what is the currently monthly payment being disbursed?		\$ _____ per month
If No, how much time left for annuity to be paid in full by applicant/tenant ?		Months ___ Years ___

Name and Title of Person Supplying the Information

Agency Organization

Signature

«reference_phone»

Phone #

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Please Return By: «return_date»

«full_name»

Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

