

CITY OF BELLE GLADE VERIFICATION OF ASSETS ON DEPOSIT



Attn: Human Resources
110 Dr. Martin Luther King Jr. Blvd. West
Belle Glade, FL 33430-3900
PHONE: 561-996-0100
FAX: 561-993-1813

TO: (NAME & ADDRESS OF SERVICING AGENT) <hr/> <hr/> <hr/> <hr/> <p>AUTHORIZATION: The City of Belle Glade is required to verify Assets on Deposit of all members of the household applying for participation in the City of Belle Glade First Time Home Buyer Program, which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	Checking Account No. <hr/> <hr/>	Average Monthly Balance for Last 6 Months <hr/> <hr/>	Current Balance <hr/> <hr/>	Current Interest rate <hr/> <hr/>
	Savings Accounts <hr/> <hr/>	Current Balance <hr/> <hr/>	Current Interest Rate <hr/> <hr/>	Current Interest Rate <hr/> <hr/>
	Certificate of Deposit Account No. <hr/> <hr/>	Amount <hr/> <hr/>	Withdrawal Penalty <hr/> <hr/>	
	IRA, Keogh, Retirement Accounts			
	Account No. <hr/> <hr/>	Amount <hr/> <hr/>	Withdrawal Penalty <hr/> <hr/>	Current Interest Rate <hr/> <hr/>
Money Market Funds <hr/> <hr/>	Amount (Average 6-mth Balance) <hr/> <hr/>	Interest Rate <hr/> <hr/>		

<p>RELEASE: I hereby authorize the release of the requested information.</p> <hr/> <p>(PRINT NAME OF APPLICANT)</p> <hr/> <p>(SIGNATURE OF APPLICANT)</p> <p>DATE: _____</p> <hr/> <p>(PRINT NAME OF CO-APPLICANT)</p> <hr/> <p>(SIGNATURE OF CO-APPLICANT)</p> <p>DATE: _____</p>	<hr/> <p>(Signature of Authorized Representative)</p> <p>TITLE: _____</p> <p>DATE: _____</p> <p>TELEPHONE: _____</p> <p>COMMENTS:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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WARNING: 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.