



76 Stevenson Drive
Dover, DE 19901
302-678-1965 *voice*
302-678-1971 *fax*
1-800-545-1833, ext. 816 TDD
doover.housingauthority@dhade.org *email*

BANKING VERIFICATION FORM

Name of Bank:

To Whom It May Concern:

The Department of Housing and Urban Development requires third party verification of all information submitted by anyone applying for or participating in a federally assisted program. The person named below has signed and agreed to the release of the requested information. This information will be kept in strict confidence.

Please complete the portion which is applicable to the applicant and return this form to our office as soon as possible.

Sincerely,

Occupancy Department

Please do not detach

Name of Applicant: S.S.N.:

Address:

I hereby authorize the release of the requested information to the Dover Housing Authority for the purpose of determining my eligibility only and such information will be kept confidential.

Date:

Signature:

BANKING INFORMATION:

Name of Applicant:

Checking Account#: Amount: \$

Savings Account #: Amount: \$

Other #: Amount: \$

Interest received in past 12 months: Amount: \$

List any other balances held by the above named person:

Signature

Title

Date: