

LIFE INSURANCE VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

SEND TO:

Business Name:		Contact Person:			
Address:		Phone:		Fax:	
City:		State:		Zip:	
				Email:	

My Signature Authorizes Verification of my Life Insurance Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY LIFE INSURANCE COMPANY

Policy Account #	Cash Surrender Value	Dividend/Interest Rate *
# _____	\$ _____	% _____
# _____	\$ _____	% _____
# _____	\$ _____	% _____
# _____	\$ _____	% _____

***Provide amount regardless of whether individual has chosen to re-invest interest/dividends**

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: _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

--OFFICE USE ONLY--

Date Sent: _____

Date

Received: _____

Comments: _____