



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Financial Verification Form

The person listed below has applied for housing assistance under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) of the U.S. Department of Housing and Urban Development (HUD). HUD requires that we verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning the form in the self-addressed return envelop within 10 days. The applicant has consented to this release as indicated below.

Name of Requesting Organization: _____
 Street Address (including city, state, zip): _____
 Case Manager Signature: _____ Date: _____
 Phone: _____ Fax: _____

Name of Applicant: _____
 Street Address (including city, state, zip): _____
 Applicant Signature: _____ Date: _____

All information below this line is to be completed by authorized personnel.

Checking Account Average Balance for Previous Six (6) Months: _____ Rate of Interest: _____

Current Savings Account Balance: _____ Rate of Interest: _____

Certificates of Deposit #:	_____	Current Value: _____	Rate of Interest: _____	*Cash Value: _____
Certificates of Deposit #:	_____	Current Value: _____	Rate of Interest: _____	*Cash Value: _____
Certificates of Deposit #:	_____	Current Value: _____	Rate of Interest: _____	*Cash Value: _____
Money Mrkt. Certificate #:	_____	Current Value: _____	Rate of Interest: _____	*Cash Value: _____
Individual Retirement Account #:	_____	*Cash Value: _____	Rate of Interest: _____	

***Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)**

Trust Account – What is the value of the trust fund? _____ What is the anticipated amount of income to be earned by the trust over the next 12 months? _____
 What is the amount anticipated to be distributed over the next 12 months? _____

_____	_____
Name and Title of Person Supplying the Information	Firm/Organization

_____	_____
Signature	Date