



5844 S. Curtice St.
Littleton, CO 80120
Phone 303-347-9755
Fax 303-347-3064

Asset Verification Form

I hereby grant you permission to disclose information regarding my assets to the Libby Bortz Assisted Living Center in order to determine income eligibility for rental of an apartment in the development which has received a "low income housing tax credit" allocation from the Colorado Housing and Finance Authority.

Name of Resident

Social Security Number

Signature of Resident

Date

Please send to Institution of Declared Asset:

Resident do not fill out anything below this line for 3rd Party

<u>Type of Asset</u>	<u>Value of Asset</u>	<u>Annual Income or interest rate</u>
<u>Checking 6 mo average</u>	_____	_____
<u>Savings current balance</u>	_____	_____
_____	_____	_____
_____	_____	_____

Name (Please Print)

Title (Please Print)

Signature

Date

