



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

IRA 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 Verification Only!

<u>Type of Asset</u>	<u>Value of Asset</u>	<u>Annual Income or interest rate</u>
<u>Required minimum</u>	_____	_____
<u>Distribution amount:</u>	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____
Name (Please Print)	Title (Please Print)
_____	_____
Signature	Date

