OPERATION LIFELINE INC.

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COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
VERIFICATION OF ASSETS ON DEPOSIT

Applicant's Last Name: _____

The CDBG program requires that assets be verified. I hereby authorize the release of this information, which will be used only to determine the eligibility status of my household. Thank you for the prompt attention in completing the section below and mailing or faxing this form directly to the letterhead address.

_____ (My Signed Name)

_____ (My Printed Name)

_____ (My Social Security Number)

_____ (Date Submitted for Verification)

_____ (Bank Name)

_____ (Account Number)

THE FOLLOWING IS TO BE COMPLETED ONLY BY THIRD PARTY
(except for account numbers, which should be provided by CDBG applicant)

Accounts	Account #	Average checking account balance for last 6 months	Amount of current balance	Current interest return rate	Withdrawal penalty
Checking			xxxxxxxxxxxxxxxxx		xxxxxxxxxx
Checking			xxxxxxxxxxxxxxxxx		xxxxxxxxxx
Savings		xxxxxxxxxxxxxx			xxxxxxxxxx
CD					
Money Market		xxxxxxxxxxxxxx			
Stocks/Bonds					
IRA, Keogh, Retirement				xxxxxxxxxxxx xxxxxxxxxxxx	
Other					

(State Statutes require that anticipated income for the next 12 months be requested. For CDBG'S consideration, the interest stated above will be used to impute both the current and the anticipated interest. If this assumption is incorrect, please comment below.)

BY :_____ (Company/Bank Name)

_____ (Individual's Name & Title)

Comments:_____

Note: Florida Statue 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

CDBG
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