



Stable. Safe. Supportive.

ASSET VERIFICATION AND RELEASE

Exhibit E1

Financial Institution: _____

I hereby grant you permission to disclose information regarding my assets to **Greccio Housing**, in order to determine income eligibility for rental of a development which has received a "low income housing tax credit" allocation from the Colorado Housing and Finance Authority.

Name of Resident (Print)

Name of Resident (Print)

Signature

Date

Signature

Date

Please send to:

Greccio Housing
Attn: Records and Compliance
1808 W. Colorado Ave.
Colorado Springs, CO 80904
Tel: 719-475-1422 Ext. 32
Fax: 719-578-0030

<input type="checkbox"/> – 3 rd party verification not possible, accepted ____ months bank statement due to: <p style="text-align: center;">FEE / PRIVACY POLICY / OTHER (circle one)</p> <input type="checkbox"/> – Based on length of account history, only ____ months of statements are available. Account opened: ____/____/____
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Type of Asset

Value of Asset*

Annual Income from Asset

* If asset is a checking account, please provide 6 months average of value of asset.

Name (Print)

Title (Print)

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.