New Horizon Property Management, Inc.

P. O. Box 240044 | Milwaukee, WI 53224
Phone: 414.355.3605 | Fax: 414.797.4326
rentals@newhorizonwi.com

EQUAL HOUSING OPPORTUNITY

Please take both pages to your bank!

2026 BANK ASSET VERIFICATION FORM

FINANCIAL INSTITUTION NAME	**DATE:**
	RE: ALL BANK ACCOUNTS
APPLICANT/TENANT NAME	**LAST 4 DIGITS OF APPLICANT/TENANT SOCIAL SECURITY #:**

Federal law and regulations require us to verify the sources and amounts of all income of applicants for admission as tenants to our federally assisted housing program, and to periodically reexamine the incomes of existing tenant families. All information is confidential and will be used only in determining eligibility for rental assistance.

Your assistance and prompt response are appreciated.

Thank you, New Horizon Property Management

I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION TO New Horizon Property Management, Inc. I understand that the information provided is confidential and will be used only for establishing my eligibility for housing.

Applicant / Tenant Signature	**Date**

Penalties for Misusing This Consent:
Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of the United States Government. HUD and ay owner (or any employee of HUD or the Owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this certification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 208(f), (g) and (h).

FINANCIAL INSTITUTION FILLS OUT THIS PAGE

Please list asset accounts below and fill in the appropriate blanks for checking, savings, Certificates of Deposit, Money Market Funds, Mutual Funds, Trusts, Annuities, IRAs etc. **Please include printed copies of the last six months of checking account activity.** Thank you.

Account Holder Name					
Last 4 Digits of Account #	**Type of Account**	**Current Balance**	**Average 6 Mo. Balance**	**Current Interest Rate**	**Cash Value** (The current value minus penalties for early withdrawal)

Printed Name of Person Verifying Information	Professional Title of Person Verifying Information
Signature of Person Verifying Information	Date Signed
Name of Financial Institution	
Address (Street, City, State, Zip)	
Phone Number	Fax Number

PLEASE RETURN YOUR INFORMATION to NEW HORIZON DIRECTLY!

SCAN AND EMAIL: **rentals@newhorizonwi.com** OR FAX: **(414) 797-4326**