ANNUITY VERIFICATION FORM

Name o	f Financial Organization: PLEASE RETURN FORM TO:
Address	:
SUBJE	CT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance
	NAME:
	ADDRESS:
-	son has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.
this info	your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of mation will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of ion as shown below.
Area to be completed by Financial Organization (Please answer all questions. Answer N/A if the question doesn't apply.)	
1.	What is the current full value of the annuity? \$
2.	Does the individual listed above have the right to withdraw the balance?
3.	What is the anticipated rate of gain at which the annuity is expected to grow over the coming year?
4.	List any known early withdrawal, surrender fees or tax penalties that would apply if the family withdrew the annuity.
5.	Does the individual listed above receive regular payments? If yes, when are they received (monthly, annually)?
6.	What is the current gross regular payment received from the annuity: \$ Effective date of current payment:
7.	Is there a deduction from the gross regular payment for medical insurance premiums? If yes, how much?
Name a	nd Title of Person Supplying the Information Firm/Organization Name
Signatu	re Date
no olde	SE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is than 12 months. There are circumstances that would required the owner to verify information that is up to 5 years old, which would be ed by me on a separate consent attached to a copy of this consent.
Signatu	re Date

NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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 or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification 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 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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Acceptable forms of an Annuity Verification:

NOTE: HUD accepts three methods of verification. These are, in order of acceptability, third-party verification, review of documents, and family certification. If third-party verification is not available, owners must document the tenant file to explain why third-party verification was not available.

1. The Annuity verification form completed by applicants/tenants insurance broker.

For an explanation of how to calculate an annuity, please refer to HUD manual 4350.3 REV-1 pg. 5-30.