



(Whole Life or Universal Life Policies Only)

Property Name:	<input type="text"/>	Date of 1st request:	<input type="text"/>
Household Name:	<input type="text"/>	Date of 2nd request:	<input type="text"/>
Unit Number:	<input type="text"/>	Date of 3rd request:	<input type="text"/>

The undersigned applicant/tenant has applied for a rental unit located in a City of Seattle Office of Housing supported project that requires verification/reverification of all income sources. Income statements of each prospective resident participating in the program(s) must be verified by a third party on an annual basis. Agency is to complete bottom portion.

This form must be mailed, scanned and emailed, or faxed. DO NOT hand-carry this form.

TO: Name and Address of Insurance Broker

FROM: Name and Address of Property:

My signature authorizes verification of my military pay information:

Applicant's Name:

Social Security Number:

X

Signature of Applicant/Resident Date

TO BE COMPLETED BY INSURANCE COMPANY

Policies of Applicant		
Policy Account #	Cash Surrender Value	Dividend Interest Rate* ("N/A" if no interest)
<input type="text"/>	\$ <input type="text"/>	% <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	% <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	% <input type="text"/>

* Provide amount regardless of whether individual has chosen to re-invest interest/dividends.

Balance of any outstanding loans against policy/policies: \$

Penalty fee or % of Cash Surrender Value charged to cash in each policy: \$ or %

NET ASSET VALUE = Total Cash Value - Loan Balances- Penalties = \$

Authorized Signature

X <input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Representative	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name	Phone Number	Email Address