

Financial Institution			
Street	City	State	Zip Code

RE: \_\_\_\_\_

Please complete the attached *Financial Institution Verification* for all of the household members for whom information is requested. The household has signed this form, authorizing you to release the needed information. If any of the people listed have checking or savings accounts, time certificates, CDs, or a lock box, please complete the applicable items below.

Please sign this form and return it by \_\_\_\_\_. We have provided a postage-paid return envelope for your use. If you have any questions, please contact me at \_\_\_\_\_. Thank you in advance for your prompt attention to this request.

\_\_\_\_\_ Worker Name and Number

Dates (Balance as of)	Inclusive Dates for Account Information
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Iowa Department of Human Services

## FINANCIAL INSTITUTION VERIFICATION

### A. CHECKING AND SAVINGS ACCOUNT INFORMATION

	Name of Person	Name of Person	Name of Person
Type of Account (please check)	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
% of Interest Earned			
Date Interest Paid			
Balance as of:			
Amount and Source of Automatic Deposits Made During _____			
Total Amount of Other Deposits Made During _____			

If any of the accounts listed have interest paid, what was the amount of interest earned in each of the following months?

Month	Month	Month	Month
Amount	Amount	Amount	Amount

### B. TIME CERTIFICATES OF DEPOSIT, OR OTHER INTEREST-BEARING ACCOUNTS AS OF \_\_\_\_\_

	Name of Person	Name of Person	Name of Person
Account or Certificate Number			
Face Value			
Current Value			
Date Purchased			
% of Interest Earned			
How Often Interest Paid			

### C. Safety Deposit Box Number \_\_\_\_\_.

Financial Institution		
Signature	Title	Date

Please provide the requested information to the Iowa Department of Human Services. I release you from liability for disclosing such information even if it is confidential. This permission stops on: \_\_\_\_\_.

Signature	Signature of Spouse		
Street	City	State	Zip Code