

VERIFICATION OF INTEREST INCOME

APPLICANT INFORMATION (To be filled out by occupants)

Please fill out one form per Banking Institution – Copy form as needed

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Address of Property: _____

Bank Name: _____ Account Number _____
Account Number _____
Account Number _____

Authorization

I have bank accounts with your institution. My Signature below authorizes you to release private information to The Community Development Office for the purpose of confirming my yearly income.

Owners
Signature: _____ Date: _____

ACCOUNT INFORMATION (To be filled in by Bank)

Bank Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Account Type: _____ Date Opened: _____ Termination Date: _____

Current Balance: \$ _____ is account Interest Bearing? Yes No Rate: _____

Prepared by: _____ Signature: _____

Title: _____ Date: _____

Please return this form to:

City of Norwich
Office of Community Development
23 Union Street, 2nd floor
Norwich, CT 06360
Attn: Property Rehab Program
Fax: 860.823.3715