Rehab Loan Program
CHECKING/SAVINGS ACCOUNT VERIFICATION

Part I: To be completed by the Applicant

Name of Financial Institution: _____ Date: _____

Applicant Name: _____ Social Security #: _____

To the Bank named above, I hereby grant the release of information regarding my income and assets to the Hutchinson HRA. I understand that this information will be treated as private data. This verification request is required to establish my program eligibility and I would appreciate your prompt completion of the form. Please return it to:

Judy Flemming, Hutchinson HRA, 111 Hassan St SE,
Hutchinson, MN 55350 Telephone: 320-234-4251

Signature of Applicant: _____

Part II: To be completed by the Bank

Current Checking Account Balance: $ _____ Interest Rate Paid: _____

Current Savings Account Balance: $ _____ Interest Rate Paid: _____

Saving Certificates: $ _____ Interest Rate Paid: _____

Saving Certificates: $ _____ Interest Rate Paid: _____

Total interest earned during the last 12 months from all above: $ _____

To the best of your knowledge, will there be a change in earnings during the next 12 months?

_____

_____

_____

_____ _____
Person completing form Date

_____ _____
Title Telephone Number

Return this Form to: **Judy Flemming, Hutchinson HRA, 111 Hassan St SE**
Hutchinson, MN 55350 • Telephone: 320-234-4251