FRANKLIN COUNTY LAND BANK
BUILDING STRONGER COMMUNITIES

ASSET VERIFICATION

I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT AS PROVIDED BY APPLICANT/RESIDENT	
TO: (Name of Institution)	**Dated:**
Institution Address:	**Phone:**
RE: (Applicant Name)	**Last 4 of SSN:**

CUSTOMER RELEASE: My signature here authorizes the release and/or verification of my assets on deposit with this financial institution:

Applicant Printed Name	Applicant Signature	Date

Information:
The individual named above is a grant applicant for the Franklin County Land Bank (FCLB), which requires verification of income. We ask your cooperation in supplying this information to us. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant. **Please return this completed form directly to the FCLB by e-mail to: ExecutiveDirector@FranklinCountyLandBankNY.org**.

Administrator/Manager Name:	**AHP Number:**
Address:	**Phone:**
Email Address:	**Fax:**

Your prompt response is crucial and greatly appreciated.

Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	Signature	Date

II. THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

A. CHECKING ACCOUNT(s)

Account Holder	Average 12 Month Balance	Average 6 Month Balance	Interest Rate, if any

B. SAVINGS ACCOUNT(s)

Account Holder	Average 12 Month Balance	Present Balance	Annual Interest Rate	Withdrawal Penalty

C. CERTIFICATE OF DEPOSIT(s)

Account Holder	Average 12 Month Balance	Present Balance	Annual Interest Rate	Withdrawal Penalty

D. 401K PLAN / IRA / RETIREMENT ACCOUNT(s)

Account Holder	Average 12 Month Balance	Present Balance	Annual Interest Rate	Withdrawal Penalty

Does account holder have access to any of the above Retirement Account(s) prior to termination or retirement? ☐ YES ☐ NO

E. MUTUAL FUND / STOCK(s)

Account Holder	Average 12 Month Balance	Present Balance	Annual Interest Rate / Annual Income**	Withdrawal Penalty

*** Please answer this question based on the income the asset is currently generating*

F. TRUST

Type of Trust: (Check one)	☐ Revocable ☐ Irrevocable
Account holder is the: (Check one)	☐ Beneficiary ☐ Grantor of the Trust
Value of administered Trust Fund: $	
Anticipated income to be earned by Trust over next 12 months: $	
Is the Amount: (Check one)	☐ Reinvested ☐ Disbursed

G. LIFE INSURANCE POLICY

Type of Policy: (Check one)	☐ Term Life Insurance ☐ Universal or Whole Life Insurance
Current cash value of the Life Insurance Policy: $	
Income/interest the Policy will generate over next 12 months: $	

H. OTHER: Type of Account

Account Holder	Average 12 Month Balance	Present Balance	Annual Interest Rate / Income	Withdrawal Penalty

I. AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

Signature of Financial Institution Representat	Representative's Title	Date	
Representative's Printed Name	Phone #	Fax #	Email
Financial Institution Name and Address:			

FRANKLIN COUNTY LAND BANK
BUILDING STRONGER COMMUNITIES

FRANKLIN COUNTY LAND BANK, Inc.
355 W. Main Street, 4th Floor
Malone, NY 12953
Ph. (518) 481-0556