

**NEW ROCHELLE
MUNICIPAL HOUSING AUTHORITY**

TELEPHONE: 235-1717 - 636-7050
fax: 235-1781

BANKING VERIFICATION

✓DATE: _____

✓TENANT: _____

✓ADDRESS: _____

✓SOC. SEC. NO.: _____

I hereby grant the NEW ROCHELLE MUNICIPAL HOUSING AUTHORITY permission to make inquiries regarding my income and assets. I understand that this information will be kept confidential. Please complete that portion below which is applicable to my accounts.

✓TENANT'S SIGNATURE: _____

Current Checking Account Balance \$ _____

Current Savings Account Balance \$ _____

Interest Rate Paid \$ _____

Interest Received in the past 12 months \$ _____

Amount in Savings certificates \$ _____

Interest Rate Paid \$ _____

Interest Received in the past 12 months \$ _____

REMARKS: _____

BY: _____

DATE: _____

TITLE: _____

PLEASE RETURN TO: New Rochelle Municipal Housing Authority
50 Sickles Avenue
New Rochelle, NY 10801