

## VERIFICATION OF: Assets on Deposit

Commonwealth of Kentucky NSP Program	Checking Account No.	Average Monthly Balance for Last 6 Months	Current Interest rate	
	_____	_____	_____	
	_____	_____	_____	
	Savings Accounts	Current Balance	Current Interest Rate	
	_____	_____	_____	
<p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the NSP Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	Certificate of Deposit Account No.	Amount	Withdrawal Penalty	Current Interest Rate
	_____	_____	_____	_____
	_____	_____	_____	_____
	IRA, Keogh, Retirement Accounts			
	Account No.	Amount	Withdrawal Penalty	Current Interest Rate
	_____	_____	_____	_____
	_____	_____	_____	_____
	Money Market Funds	Amount (Average 6-month Balance)	Interest Rate	
	_____	_____	_____	
	_____	_____	_____	
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "NSP Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>			
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>				