



# HOUSING AUTHORITY OF BREVARD COUNTY

## SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

1401 Guava Avenue, Melbourne, FL 32935

Phone (321) 775-1592 \* Fax (321) 775-1549

<http://www.habc.us>

CHIEF  
EXECUTIVE  
OFFICER

Michael L. Bean

**\*IMPORTANT\* TAKE THIS FORM TO YOUR BANKS**  
HAVE BANK COMPLETE FORM & FAX BACK TO US FROM THEIR LOCATION

### THIRD-PARTY VERIFICATION OF ASSET INCOME

(USE ONE FORM PER HOUSEHOLD MEMBER, INCLUDING MINORS: PER FINANCIAL INSTITUTION)

State and/or Federal Regulations require us to verify asset income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Please fax the completed form to: **321-775-1549**

Authorization: I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

X _____ Signature of Applicant	_____ Print Name	_____ Date
_____ Address	_____ Social Security #	
_____ City	_____ ST	_____ Zip
_____ Acct #		

Please return information to:

Name: \_\_\_\_\_ Title: Section 8 Technician

HOUSING AUTHORITY OF BREVARD COUNTY – SECTION 8 – HOUSING ASSISTANCE PROGRAM  
1401 GUAVA AVENUE MELBOURNE, FL 32935      321-452-3490, Fax 321-775-1549

Complete the (applicable) Sections below:

Institution Name: \_\_\_\_\_

Checking Account # \_\_\_\_\_ Average Monthly Balance (last 6 months) \$ \_\_\_\_\_

Savings Account # \_\_\_\_\_ Current Balance \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_

Certificate of Deposit # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_

Withdrawal Penalty: \$ \_\_\_\_\_ Maturity Date: \_\_\_\_\_

IRA, Keogh, Retirement Account # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Interest Rate \_\_\_\_\_ Withdrawal Penalty: \$ \_\_\_\_\_ Maturity Date: \_\_\_\_\_

Other Accounts # \_\_\_\_\_ Amount / Interest Rate \$ \_\_\_\_\_ % \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** Florida Statue 817 provides that willful false statements or misrepresentation concerning income, asset eligibility information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

