



Transforming People and Communities

Rental Program
205 E. Main Street, Suite 12
Wautoma, WI 54982
Phone: 1-877-377-1434
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Like us on  facebook.com/CAP Services, Inc.

Corporate Headquarters 2900 Hoover Road, Suite A | Stevens Point, WI | 54481

capservices.org

Dear Applicant,

Thank you for your interest in CAP Services' housing. Please complete the application and return to our office as soon as possible, as limited units are available.

Application completion: Please complete all forms, checking Y or N on questions 1- 31. Please be sure to enter gross amount of income/asset and the interest percentage on each question marked Y. If you are unsure of the amounts, please indicate "unsure" in that section. Each adult in the household must include their information on and sign the forms before returning it to our office. On the Annual Student Certification form, please choose statement A, B, C, or D as one of these statements should describe your household.

Please note: *White out cannot be used on these forms.* Should you make a mistake, simply draw a single line through the mistake and write the correction above. Please initial any changes.

Please include: a copy of Social Security Benefit Letter(s), child support court order(s) or child support payment stubs, complete divorce decree (including marital settlement addendum), employment information, copy of property taxes, and any other income or asset information. If you do not have a copy of your current Social Security Benefits Letter, please call the Social Security Administration to request one at **1 (800) 772-1213**. If you have computer access, you can also request this letter at www.ssa.gov/myaccount. In order to expedite the application process, please include 6 consecutive months of pay stubs and bank account statements. If applicable, also include a payroll summary report, or employer notice/letter of hire/termination in order to verify employment information.

Application process: Once our office receives your application, we will verify your income and assets, complete a background and credit check, and verify your rental history. At that time, you may be contacted to call your financial institutions to expedite this verification process.

Once your application has been processed, you will be notified of acceptance or denial. If your application is accepted, and an apartment is not available, your name will be placed on a waiting list, unless you request its removal or you do not respond to our correspondence in a timely manner.

Disclaimer: Please keep in mind: email is not a secure method of sending information. Since your application contains personally identifiable information, please do not send it through email.

Should you wish to simply be put on a waiting list for future openings, or if you have any questions, please call our office toll free at 1 (877) 377-1434 before completing the application.

Sincerely,

CAP Services, Inc.



CAP Services, Inc. is an equal employment opportunity and service provider.





Rental Housing Application

Location You Are Interested In: Adams, Berlin, Brillion, Clintonville, Colby, Endeavor, Iola, Manawa, Mauston, Montello, Nekoosa, Seymour, Waupaca, Wausau, Wautoma, Weyauwega, Wisconsin Rapids, Other. How did you hear about us? Which web site?

I am applying for rental housing with CAP Services and/or its subsidiaries or assigns. I understand that CAP Services, Inc. will be conducting a background check, and the nature of any criminal record could be a consideration in my continued relationship with CAP Services' Rental Housing program.

Primary Applicant Information
Name (please print legibly): Male Female
Date of birth: Social Security No.:
Marital Status: If Divorced or Widowed, Date:
Other name(s) by which I have been known:
Other state(s) in which I have resided during the last seven years—Example: Michigan 2003-2006:

Spouse or Secondary Applicant
Name (please print legibly): Male Female
Date of birth: Social Security No.:
Marital Status: If Divorced or Widowed, Date:
Other name(s) by which I have been known:
Other state(s) in which I have resided during the last seven years—Example: Michigan 2003-2006:

Telephone #: () Cell Phone #:()

Other Household Members (attach an additional sheet if necessary)

Table with 7 columns: Sex, Last Name, First Name & Middle Initial, Relationship to Head of Household, Date of Birth (M/D/Y), Social Security or Alien Reg. No., Marital Status. Contains 6 rows of empty data fields.

Do you expect any changes to the household in the next twelve months? No Yes

If yes, what change(s) do you expect? _____

Current Address

Your Current Address: _____
Street Address City State Zip

Do you own this or other property? No Yes

Mailing Address (if different)

Mailing Address: _____
Street Address City State Zip

Former Addresses

Please list below any former rental addresses within the past 10 years, starting with the present, if now renting:

<u>Rental Addresses</u>	<u>Name, Address & Telephone of Owner/Manager</u>
_____	_____
_____	_____
_____	_____

Emergency Contact

Person to be notified in case of emergency:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Zip Code: _____ Password for Identity Verification: _____

May we contact this person regarding financial and rental issues? No Yes

Do you require any special accommodations? No Yes _____

Pets

CAP Services has a pet policy, allowing pets if they fall within the types and breeds allowed, and are registered *before our residents move the pet into the home*. If you have a pet, request a copy of the pet policy for your review. *Answering "Yes" below does not automatically disqualify you from living in our housing.*

Do you currently own a pet? No Yes If yes, what type of pet do you own? _____

If you do not currently own a pet, are you considering obtaining a pet within the next 12 months? No Yes

Power of Attorney

If you have given power of attorney to someone to represent you in financial matters please have them sign below and attach a copy of the Financial Power of Attorney Document to this form. If the person is only a health power of attorney, do not sign below, and do not include a copy of the Power of Attorney document.

Please print Power of Attorneys name below and have that individual sign by the X

X

Today's
Date

Income Information

Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

		(Check Y or N) Yes No		Monthly Gross Income
1	<input type="checkbox"/> Y <input type="checkbox"/> N	Employment, receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <u>Name of Employer(s)</u> _____ _____		\$ _____ \$ _____
2	<input type="checkbox"/> Y <input type="checkbox"/> N	Self employed. (List nature of self employment) _____ _____		(use <u>net</u> income from business) \$ _____
3	<input type="checkbox"/> Y <input type="checkbox"/> N	Cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the unit.		\$ _____
4	<input type="checkbox"/> Y <input type="checkbox"/> N	Unemployment benefits and/or Worker's Compensation.		\$ _____
5	<input type="checkbox"/> Y <input type="checkbox"/> N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income.		\$ _____
6	<input type="checkbox"/> Y <input type="checkbox"/> N	Social security payments.		\$ _____
7	<input type="checkbox"/> Y <input type="checkbox"/> N	<u>Unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)		\$ _____
8	<input type="checkbox"/> Y <input type="checkbox"/> N	Supplemental Security Income (SSI).		\$ _____
9	<input type="checkbox"/> Y <input type="checkbox"/> N	Disability or death benefits other than Social Security.		\$ _____
10	<input type="checkbox"/> Y <input type="checkbox"/> N	Public Assistance (examples: TANF, AFDC, W2, Section 8 Housing Voucher) If yes, list source _____		\$ _____
11	<input type="checkbox"/> Y <input type="checkbox"/> N	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources 1) _____ 2) _____		\$ _____ \$ _____
12	<input type="checkbox"/> Y <input type="checkbox"/> N	Income from real or personal property.		(use net earned income) \$ _____
13	<input type="checkbox"/> Y <input type="checkbox"/> N	Alimony/spousal maintenance payments.		\$ _____

14	<input type="checkbox"/> Y <input type="checkbox"/> N	<p>I am entitled to receive Child Support payments.</p> <p>If yes, then answer the following:</p> <p>Child Support Court Order # _____ \$ _____</p> <p>County & State Where Order is Filed _____</p> <p><i>Please send a copy of the Child Support Court Order with this application.</i></p> <p><input type="checkbox"/> a. I am currently receiving child support payments (enter amount to the right) \$ _____</p> <p><input type="checkbox"/> b. I am not receiving any child support payments <input type="checkbox"/> it is court ordered that I do, or <input type="checkbox"/> it is NOT court ordered (please explain on page 9)</p> <p>If you answered "Yes" to item b above, check one:</p> <p><input type="checkbox"/> 1) I am not pursuing the payments for the following reasons:</p> <p>_____</p> <p><input type="checkbox"/> 2) I am making efforts to collect the child support owed to me.</p> <p>List efforts being made:</p> <p>_____</p> <p>_____</p>	
15	<input type="checkbox"/> Y <input type="checkbox"/> N	<p>Income from a source other than those listed above.</p> <p>If yes, list sources:</p> <p>1) _____ \$ _____</p> <p>2) _____ \$ _____</p>	

Asset information

Identify each asset, its value and rate of interest currently held by the household. **Please answer every question Yes or NO, and provide the additional information, noting "Unsure" if you do not know the additional details.**

		<small>(Check Y or N)</small>		Cash Value/ Balance	Interest Rate
		Yes	No		
16	<input type="checkbox"/> Y <input type="checkbox"/> N	Checking account(s).			
		If yes, list bank(s)			
		1) _____		\$ _____	_____ %
		2) _____		\$ _____	_____ %
17	<input type="checkbox"/> Y <input type="checkbox"/> N	Savings account(s).			
		If yes, list bank(s)			
		1) _____		\$ _____	_____ %
		2) _____		\$ _____	_____ %
18	<input type="checkbox"/> Y <input type="checkbox"/> N	Certificates of Deposit (CD) or Money Market Account(s).			
		If yes, list sources/bank names			
		1) _____		\$ _____	_____ %
		2) _____		\$ _____	_____ %
		3) _____		\$ _____	_____ %
19	<input type="checkbox"/> Y <input type="checkbox"/> N	Revocable Trust(s).			
		If yes, list bank(s)			
		1) _____		\$ _____	_____ %
		2) _____		\$ _____	_____ %

20	<input type="checkbox"/> Y <input type="checkbox"/> N	Irrevocable Trust(s) (e.g. funeral trust). If yes, list bank(s), and note if Interest is irrevocable. 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
21	<input type="checkbox"/> Y <input type="checkbox"/> N	Real estate and/or mobile home. If yes, provide description and mortgage amount _____ _____	\$ _____ \$ _____	
22	<input type="checkbox"/> Y <input type="checkbox"/> N	Stocks, Bonds, or Treasury Bills. If yes, list sources/bank names 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
23	<input type="checkbox"/> Y <input type="checkbox"/> N	IRA / Lump Sum Pension / Retirement / Keogh / 401(K) Account, etc. If yes, list sources/bank(s) 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
24	<input type="checkbox"/> Y <input type="checkbox"/> N	Whole life insurance policy. If yes, how many policies _____ List Sources 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
25	<input type="checkbox"/> Y <input type="checkbox"/> N	More than \$500 cash on hand (that cannot be verified through a financial institution)	\$ _____	
26	<input type="checkbox"/> Y <input type="checkbox"/> N	Items held as an investment (antique car, coin collection, etc.) If yes, list items _____ _____	\$ _____ \$ _____	
27	<input type="checkbox"/> Y <input type="checkbox"/> N	Safe deposit box. If yes, list contents _____	\$ _____	
28	<input type="checkbox"/> Y <input type="checkbox"/> N	Have you ever owned a home, mobile home, or real estate? If so, how long ago? _____ If you sold the home/property within the last two years, please provide closing statement of sale, and write the amount of money you received from the sale to the right. <i>(If real estate was already listed in question # 21, no need to note it again for this question.)</i>	\$ _____	
29	<input type="checkbox"/> Y <input type="checkbox"/> N	Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____	\$ _____ \$ _____	

Student Status

(Check Y or N)
Yes No

30	<input type="checkbox"/> Y <input type="checkbox"/> N	Is anyone in the household planning on becoming a student any time in the next year, whether part-time or full-time?
31	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the household consist of persons who are all <u>part-time</u> or <u>full-time</u> students (1 st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)? If yes, which member(s) _____ If yes, name and location of school: _____
32	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<u>If you answered yes</u> to questions 30 or 31, are you: <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program • Married and filing a joint tax return • Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual

Divestiture of Assets

Has your household disposed of any assets (sold / given away) over the last two years in excess of \$1,000? (If the total number of withdrawals from your bank accounts has resulted in at least a \$1,000 reduction of your assets from your previous annual recertification, you fall into this category and must answer yes.)

Please choose statement 1 or 2

1. Under penalty of perjury, I certify that I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two years.
2. I (we) have sold or given away assets (including cash, real estate, etc) for less than fair market value during the past two (2) years.

Describe asset that was disposed of: _____

When was this asset disposed of? _____

What was the fair market value of this asset at the time of disposal? _____

What was the gross amount received for this asset? _____

How was the fair market value of this asset determined? _____ **(Please include documentation)**

Any other details: _____

Have you ever been convicted of a felony? No Yes For what: _____

Have you ever been evicted? No Yes If yes, when: _____

Will you have 50% or more physical custody of any minor members of the household? No Yes

Do you or anyone else in your household smoke cigarettes or cigars? No Yes

All of our housing (apartments and single-family homes) are non-smoking. You must go off-site to smoke. If you do not agree to this, your application will be denied. Do you agree to this smoking policy? No Yes

CONFLICT OF INTEREST POLICY

PURPOSE:

The purpose of this Policy is to help manage those situations where Conflicts of Interest arise within the HOME housing program governed by the State of Wisconsin. The goal of this policy is to ensure fair and equitable treatment for all program eligible participants.

APPLICATION OF REQUIREMENTS

The Conflict of Interest provisions apply to anyone who participates in the rental housing decision-making process or who gains inside information with regard to housing activities. Such individuals are, but are not necessarily limited to: rental staff, CAP Board Members, members of their immediate families, and business associates of those listed above.

The requirements prohibit any such individuals from benefiting from their position personally, financially or through the receipt of special benefits other than payment of their salary and/or appropriate administrative expenses. This does not prevent staff, Board Members, their family members, and/or business associates from receiving housing benefits for which they qualify as low-income individuals, if not in violation of State Laws.

CONFLICT OF INTEREST

A Conflict of Interest may occur when an employee of CAP Services, a Member of the CAP Services Board, or an immediate relative of an employee or Board member is selected to receive assistance through any of the CAP Services Rental HOME Programs.

DEFINITIONS:

Immediate family: is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of the employee or his/her spouse, and grandchildren of the employee, or "foster" or "step" situations within these relationships.

HUD APPROVAL:

If the person receiving assistance is of low-income and they qualify for eligibility, admission and occupancy, only public disclosure and HUD notification is required per CFR §1000.30(c). However, HUD approval for an exemption is required when there is a potential conflict of interest that would be in violation of §1000.30(b). An example of a situation requiring HUD approval for an exemption of the Conflict of Interest provision would be a housing assistance to CAP Services staff member who meets the eligibility criteria of HOME.

PUBLIC DISCLOSURE:

CAP Services shall make public disclosure of the nature of assistance to be provided and the specific basis for selection of that person. A copy of the disclosure shall be provided to the Division of Housing for approval before assistance is provided.

PREVIOUSLY ADMITTED RECIPIENTS:

Recipients should identify any Conflict of Interest for participants previously admitted that have not been properly reported. The necessary action should immediately be taken to make these conflicts of interest public and report them to the State.

REFERENCES:

24 CFR 85.36 (a) (3); 24 CFR 1000.30, 1000.32, 1000.34 and 1000.36

By signing this document, I hereby certify that to my knowledge there exists no conflict of interest, as defined above, between myself or anyone in my household and CAP Services.

Release of Information Authorization and Certification

Landlord

I hereby authorize the release of the requested information pertaining to my rental history with my landlord(s). There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Credit Check

I acknowledge that the owner or owner's agent will request a consumer credit report from the Trans Union Credit Reporting Agency to evaluate my qualifications as a potential tenant.

Income and Assets

In order to comply with federal regulations requesting verification on all income, including unemployment compensation benefits, assets, and allowances for residents of tax credit and affordable housing programs, please complete the attached information and return to the above address. I/We hereby authorize release of any information requested by CAP Services, Inc, their subsidiaries, or managing agents regarding my/our income, assets, allowances, credit history, and rental history. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

Certification

I/We certify that the information given on household composition, income, net family assets, and allowance and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/We also understand that false statements or information are grounds for termination of housing termination of tenancy, and/or retroactive rent increases.

I/We acknowledge that by providing CAP Services my/our emergency contact information, CAP Services is allowed to discuss my/our tenancy status with those I/we have listed.

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement. All of the information contained herein will be verified. A background check, credit check, and third-party verifications with financial institutions and/or other organizations or businesses including Unemployment Compensation noted in this application or any material provided by you will be completed to verify the information. Previous landlords may be contacted to verify your tenancy. To facility these verifications, by signing below you hereby give your permission to complete said verifications. This permission will expire 13 months from the date of the signature below.

Applicant Signatures:

X	Date	Social Security Number
X	Date	Social Security Number

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses prior housing, and household status for purposes of determining my eligibility for participation in the following affordable housing programs: Low Income Housing Tax Credit Program—Section 42; HUD Housing Assistance Payments Program—Section 8; RECD Rental Assistance Program—Section 515; WHEDA—HOME Program; USDA—Housing. The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope. This release of information will expire thirteen (13) months from the date of signature.

CAP SERVICES DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAPPED STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS AND ACTIVITIES.

Your E-mail address: _____

Do you know of anyone who you could refer to our housing? _____

FOR EVERY ITEM CHECKED "YES" ON THE QUESTIONNAIRE, PROVIDE THE FOLLOWING INFORMATION:

Question Number	Name of household member and Name of company, financial institution or source	Mailing address, telephone and fax number of company, financial institution or source



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ANNUAL STUDENT CERTIFICATION

Tenant(s) Name: _____

This Annual Student Certification is being delivered in connection with your application or occupancy in our housing. **Check A, B, C or D as applicable.** Students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges or universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses.

- A. Household contains NO students, and household members have no intention of becoming students within the next 12 months. If this item is checked, no further information is needed. Sign and date below.
- B. Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- C. Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- D. Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below, must be completed.
 - 1. Are the students married and entitled to file a joint tax return? Yes No
(attach marriage certificate or tax return)
 - 2. Is at least one student a single-parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) Yes No
 - 3. Is at least one student receiving Temporary assistance to Needy Families (TANF), otherwise known as W2? (provide release of information for verification purposes) Yes No
 - 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) Yes No
 - 5. Does the household consist of at least one student who was previously under foster care within 5 years of the effective date of the initial income certification? (provide verification of participation) Yes No

Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management 30-days before any changes in this household's student status, and understand that if my household becomes composed entirely of full-time students I may be required to move prior to becoming a household of full-time students. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement. All household members age 18 or older must sign and date.

TENANT(S) SIGNATURE:

Signature Date Signature Date



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NON - EMPLOYMENT AFFIDAVIT

To be completed by each non-employed adult member of the household

Our apartment community provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their employment status and future intentions for purposes of determining income eligibility.

The US Government requires the following:

- All questions must be answered or, If information must be changed, strike through and initial change.
- If a question does not apply, put N/A & Signature and date of person completing this form is required.
- If uncertain, use best available information.

Check either Statement 1, Statement 2, Statement 3 or Statement 4:

1. I am not currently employed and I do not intend to become employed in the next 12 months because I am permanently retired.

2. I am not currently employed and I do not intend to become employed in the next 12 months due to _____.

If you checked Statement 2, please check either a, b, or c below.

- (a) I am currently receiving unemployment benefits.
- (b) I am not currently receiving but do anticipate receiving unemployment benefits.
- (c) I am **not** currently receiving and **do not anticipate** receiving unemployment benefits.

3. I am not currently employed but I anticipate becoming employed in the next 12 months . I have accepted a position with _____ (employer) that will begin on _____ (date).

4. Other (explain): _____

By my signature below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move in, I will notify management of any changes to these circumstances.

Name

Date

We are required to inform you that intentionally supplying false information is punishable under the Statute of Frauds.



29565

Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To.....1-844-879-0412
Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

Company Name

Attention

Street Address

City State Zip

Requester Email (optional)

Requester Phone Number Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Account Number(s) (Required)

Month / Day / Year

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder Date

Signature of Account Holder Date