



A Community Partner,  
Helping People to Help Themselves

# Walla Walla Housing Authority

501 Cayuse Street  
Walla Walla WA 99362  
509-527-4542 \* Fax 509-527-4574  
Hearing-impaired, please use relay service  
www.wallawallaha.org \* wwha@wallawallaha.org



## REQUEST for VERIFICATION of DEPOSIT

The undersigned applicant and or participant have applied or are receiving rental assistance under the Walla Walla Housing Authority (WWHA). The WWHA requires the housing owner to verify all information that is used in determining this person's eligibility.

The participant has consented to this release of information as evidence by his/her signature below.

### Part I – Request

To (Name and address of Depository)		Requestor's Name: Walla Walla Housing Authority 501 Cayuse St Walla Walla WA 99362	
I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.			
Signature of Requestor	Title	Date	Phone #
Verify			
Type of Account	Account in Name of	Account Number	Balance
			\$
			\$
			\$
			\$
Name Address of Applicant(s)		Signature of Applicant	
		Social Security Number	

### TO BE COMPLETED BY DEPOSITORY

### Part II – Verification of Depository

Deposit Accounts of Applicant(s)				
Type of Account	Account Number	Current Balance	Average Balance for Previous 6 Months	Interest Rate
				\$
				\$
				\$
				\$

### Part III – Authorized Signature

Section 1001 of Title 18 of US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the US as to any matter within its jurisdiction.		
Signature of Representative	Title	Date
Print Name	Phone Number	