



*the*  
**Chickasaw**  
**Nation**

**Department of Community Services / Housing Division**  
Post Office Box 788 / Ada, OK 74821-0788 / (580) 421-8800 / Fax: (580) 421-8885

**Bill Anoatubby**  
Governor

## Banking Verification

**Applicant/tenant information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Suffix

Social Security no.: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Suffix

Social Security no.: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Account no.: \_\_\_\_\_

I hereby grant **the Chickasaw Nation Housing Division** permission to make inquiries regarding my income and assets. I understand that this information will be kept confidential.

\_\_\_\_\_  
Applicant/tenant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/tenant signature

\_\_\_\_\_  
Date

**\*\*TO BE COMPLETED BY YOUR BANKING INSTITUTION\*\***

Current checking account balance: \_\_\_\_\_

Interest rate paid: \_\_\_\_\_

Interest received in the past 12 months: \_\_\_\_\_

Current savings account balance: \_\_\_\_\_

Interest rate paid: \_\_\_\_\_

Interest received in the past 12 months: \_\_\_\_\_

Amount of savings certificates: \_\_\_\_\_

Interest rate paid: \_\_\_\_\_

Interest received in the past 12 months: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone no.: (\_\_\_\_) \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Housing division representative signature