

Mortgage+Care

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Please contact us at (800)481-2708 or www.mortcare.com for a list of mergeable documents.

FannieMae

Request for Verification of Deposit

INSTRUCTIONS: LENDER - Complete Items 1 thru 8. Have applicant(s) complete Item 9. Forward directly to Depository named in Item 1.
 DEPOSITORY - Please complete Items 10 thru 15 and return **DIRECTLY** to lender named in Item 2.

PART I — REQUEST

1. TO (Name and Address of Depository) «f80» «f81» «f82», «f83»		2. FROM (Name and Address of Lender) <i>Mortgage Pending - Please Rush Return</i>	
3. SIGNATURE OF LENDER	4. TITLE AUTHORIZED AGENT	5. DATE	6. LENDER'S NUMBER (Optional)

7. INFORMATION TO BE VERIFIED

TYPE OF ACCOUNT	ACCOUNT IN NAME OF	ACCOUNT NUMBER	BALANCE

TO DEPOSITORY: I/We have applied for a mortgage loan and stated in my financial statement that the balance on deposit with you is as shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in Items 10 through 12. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. NAME AND ADDRESS OF APPLICANT(S) «f5» «f6» «f7» «f13» «f15»	9. SIGNATURE OF APPLICANT(S)
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TO BE COMPLETED BY DEPOSITORY

PART II — VERIFICATION OF DEPOSITORY

10. DEPOSIT ACCOUNTS OF APPLICANT(S)

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE	AVERAGE BALANCE FOR PREVIOUS 2 MONTHS	DATE OPENED
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

11. LOANS OUTSTANDING TO APPLICANT(S)

LOAN NUMBER	DATE OF LOAN	ORIGINAL AMOUNT	CURRENT BALANCE	INSTALLMENTS MONTHLY/QUARTERLY	SECURED BY	NO. OF LATE PAYMENTS
		\$	\$	\$ per		
		\$	\$	\$ per		
		\$	\$	\$ per		

12. ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINATION OF CREDIT WORTHINESS

(Please include information on loans paid-in-full as in Item 11 above)

13. SIGNATURE OF DEPOSITORY	14. TITLE	15. DATE
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