

REQUEST FOR VERIFICATION OF DEPOSIT

To be completed by applicant. Please fill in the information requested below, and return this form to Community Homes of Patagonia, Inc., P.O. Box 1063, Patagonia, AZ 85624, info@chopatagonia.org.

Name of Depository						_
The person(s) named be order to determine whe provide the information possible. This information	elow has/have applied for ther this applicant is quan requested on the back of tion will be held in confi- ched to your institution of	or housing lified, won this for dence.	ng through Com we need to verify orm, so this appl Your response i	munity y his/he licant m	Homes of r current final final terms of the current final terms of the curr	nancial status. Please ified as soon as
Contact Person, Comm	unity Homes of Patagon	ia, Inc.	Mo	nth / Da	ay / Year	_
Name of Applicant(s) _	****					_
Address _						_
Type of Account /	Name on Account	/	Account #	/	Balance	
/		_ /		/ \$_		-
/		_ /		/ \$_		-
/		/		/ \$_		-

TO BE COMPLETED BY DEPOSITORY:

Type of Account / Account Nur	mber / Current		rage Bal. v. two Mo.
/	/	/	
Date Opened			
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Date Opened			
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Date Opened			
/	/	/	
Date Opened			
Please include any additional informa	•	f assistance in determ	
Signature of Depository Representative	Title		
Date			