REQUEST FOR VERIFICATION
CITY AND COUNTY OF HONOLULU DEPT OF COMMUNITY SERVICES

842 Bethel Street · 1st Floor · Honolulu · Hawaii · 96813
768.7096 (reception) · 768.7039 (fax) ·
cchs8@honolulu.gov (email)

1000 Ulu'ohi'a Street · #118 · Kapolei · Hawaii · 96707
768.3000 (reception) · 768.3237 (fax) 768.3228 (tdd)
cchs8@honolulu.gov (email)

http://www1.honolulu.gov/dcs/rentalassistance.htm

_____

_____

_____

_____

I (we), _____ authorize the release of the information below: I (we) understand this information will be kept confidential.

Date: _____ _____ _____

Signature Social Security No.

_____ _____

Signature Social Security No.

Please complete the section below and return this form by _____

ASSETS

☒ **CHECKING, SAVINGS, CERTIFICATES, AND SIMILAR ACCOUNTS**

TYPE	ACCOUNT NUMBER	TOTAL ASSET VALUE *	PENALTY OR FEE FOR WITHDRAWAL	INTEREST RATE OR DIVIDENDS EARNED **
		$	$	
		$	$	
		$	$	

* Enter the current balance for savings accounts or the average balance from the past six months for checking accounts

** For past 12 months

Thank you for your time and assistance.

_____ _____

Signature Date

_____ _____ _____

Title Telephone No. Fax No.