



## BANK ACCOUNT VERIFICATION

The following information is necessary to accompany the application made by me before apartment occupancy. This is my authorization to furnish the below requested information to Somerset Park Apartments.

APPLICANT'S NAME (PRINT): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ACCOUNT NUMBER(S): \_\_\_\_\_

TO BE FILLED OUT BY BANK:

DATE ACCOUNT OPENED: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_

AVERAGE FIGURE BALANCE: \_\_\_\_\_

SATISFACTORY ? : \_\_\_\_\_

BANK NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ BANK STAMP: \_\_\_\_\_

Completed data must be returned within 2 days of application by fax or by regular mail to the address shown below:

Somerset Park Apartments  
1911 Golfview Dr.  
Troy, MI 48084  
Fax: (248) 643-6501

Attn.: \_\_\_\_\_

Bldg. # & Apt. #: \_\_\_\_\_

Move-in Date: \_\_\_\_\_