

# Request for Confirmation of Bank Balances

U.S. Department of Housing and Urban Development  
Office of Inspector General



03726

Project Audit Guide No. 39

Your completion of the following report will be sincerely appreciated. **If the answer to any item is "none", please so state.** Kindly mail the completed original of this form in the enclosed franked, addressed envelope direct to the auditor, retaining the duplicate for your files.

1 Date of Request	2 Name of PHA	3. ACC No.	4 Signature of Authorized PHA Representative
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If a balance is entered incorrectly and later revised, please ensure that the correction is initialed by a Financial Institution official.

**Confirmation of Account Balances.** Our records show the following accounts were open in the name of the indicated Public Housing Agency during the past 15 months from the date of this request. The following balances for these accounts were shown in our records as at the dates indicated

6 To:	9 Official Name of Account	Balance as at	
		7 Date	8 Date

10 Deposits in excess of FDIC coverage are secured by:

11 The Public Housing Agency was actually or contingently liable to us for and in the amount and as the date indicated: (Amount) (Date)

Nature of liability	Amount	Comment

12. Remarks

13 Financial Institution	By (Authorized signature)	Title	Date
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**Blocks 1 through 8 will be completed by the Auditor; Blocks 9 through 13 should be completed by the Financial Institution.**

**Instructions for Financial Institutions**

9. Enter the official name of each account that was open (whether or not active) in the past 15 months from the date of this request, shown in Block 1. Also show the balances of the accounts as of the dates shown in Blocks 7 and 8.

10. Show any securities pledged to cover any deposits in excess of FDIC coverage.

11. Show total liability, actual or contingent, that the Public Housing Agency may have to the financial institution. Show the total as of the date this form is completed by the financial institution. In the lower half of this block describe the nature of each liability and the amount and any comments.

12. Any remarks may be entered in this blank.

13. This block should contain the name of the financial institution, the signature and title of the authorized financial institution employee and the date of the signature.