



Applicant _____

Name of Bank _____

Address _____

Address _____

City State Zip Code _____

City State Zip Code _____

CHECKING ACCOUNT	BALANCE	DATE ACCOUNT OPENED	OTHER
	\$		
SAVING ACCOUNT			
	\$		

SECURED LOANS	DATE	ORIGINAL BALANCE	PAYMENTS	CURRENT BALANCE
		\$	\$	\$
UNSECURED LOANS				
		\$	\$	\$

The undersigned hereby authorizes any institution to release credit/financial/employment information to the State of Alaska/ARLF. **All signatures must be signed in ink.**

Signature of Applicant _____ Date _____

BANK VERIFICATION OF FINANCIAL INFORMATION
(For Bank Use Only)

The information provided above is essentially correct as of this date and accurately reflects the individual's financial dealings with this institution.

_____ Yes _____ No

Comments: _____

Signature _____ Print Name and Title _____ Date _____