CASH ASSET VERIFICATION

VETERANS AFFAIRS

SFN 58539 (11-2008)

Name	Date

I/We give permission to have the following information filled in with exact amounts, revealing present financial circumstances.

Signature

The following information must be completed by an official from your bank or other financial institution:

Type of Account	Average Balance (past 90 days)	
Savings	$	
Checking	$	
Savings Bonds	$	
Certificate of Deposit	$	
Savings Certificate	$	
IRA	$	
Burial Fund	$	
Other (explain)	$	
Total of all Accounts		$

Name of Bank or Financial Institution	
Signature of Official	Date

RETURN TO: ND Department of Veterans Affairs
PO Box 9003
Fargo, ND 58106-9003
Fax - (701) 239-7166