**Section 750.APPENDIX D Account Report Form**

ACCOUNT REPORT FORM

|  |  |  |
| --- | --- | --- |
| Date: |  |  |
|  |  |
| Owner's Name (First, Initial, Last) |  |  |
|  | - |  | - |  |  |  |  |
| Owner's Social Security Number |  | Phone |
|  |  |  |  |
| Street or P.O. Box Number |  |  |
|  |  |  |
| City | State | Zip |  |  |
|  |  |  |
| Joint Owner's Name (First, Initial, Last) |  |  |
|  | - |  | - |  |  |  |  |
| Joint Owner's Social Security Number |  | Phone |
|  |  |  |  |
| Street or P.O. Box Number |  |  |
|  |  |  |
| City | State | Zip |  |  |
|  |  |  |
| Program Depository Name |  |  |
| Account # at Transferor Program Depository |  |  |
| Select one: | [ ]  Termination | [ ]  Transfer |  |
| I/We hereby request that |  | release all |
| funds held pursuant to the H.O.M.E. program. I/We understand that such funds must be redeposited within 60 days of this request at a certified Program Depository in order to retain program benefits dating from the original enrollment date of this account. I/We hereby authorize the Program Depository to disclose to the Treasurer's office such information as is necessary forverification of Program participation. |
| Signature |  |
| Signature |  |
| FINAL REPORT |  |
| Date: |  |  |
|  |  |  |
| Program Depository Name: |  |  |
| Account # at program Depository: |  |  |
| Ending date: |  |  |
| Ending balance: |  |  |
| Total income earned to date for current calendar year |  |  |
| Participant designates transaction as: | [ ]  Termination | [ ]  Transfer |
| The undersigned institution hereby certifies that the Program Participant has adhered to the Program requirements. |
|  |
|  | Program Depository |  |
|  | By: |  |  |
|  | Title: |  |  |