



**CASH ASSET VERIFICATION**  
 NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS  
 SFN 58539 (04-2018)

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

Signature
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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	\$
Other (explain):	\$
<b>Total of all Accounts</b>	\$

Name of Bank of Financial Institution			
Address	City	State	ZIP Code
Signature of Official		Date	

Return completed form to **County/Tribal Veterans Service Office** at the following address:

Name of Office (to return form)			
Address	City	State	ZIP Code