

OLIVER MANAGEMENT SERVICES, INC.

5713 GRAND AVENUE, SUITE B
DULUTH, MN 55807
(218) 628-0311 * FAX (218) 624-2235

DEBIT CARD SELF CERTIFICATION

BUILDING NAME: _____ UNIT: _____

TENANT NAME: _____

IF YOU HAVE A DEBIT CARD OF ANY KIND, YOU MUST REPORT IT AT TIME OF RECERTIFICATION. PLEASE PROVIDE AN ACCOUNT BALANCE IN THE FORM OF AN ATM RECEIPT, ONLINE ACCOUNT STATEMENT OR PAPER STATEMENT FOR THE RECERTIFICATION PROCESS.
THIS MUST IDENTIFY THE ACCOUNT AND THE ACCOUNT HOLDER.

TYPES INCLUDE:

- * ALL DEBIT CARDS
- * SOCIAL SECURITY DEBIT CARDS
- * CHILD SUPPORT DEBIT CARDS
- * MFIP DEBIT CARD.

DO YOU HAVE A DEBIT CARD OF ANY KIND? ____ YES ____ NO

- IF NO, SIGN & DATE AT THE BOTTOM
- IF YES, SPECIFY TYPE:

ACCOUNT HOLDER: _____ ACCOUNT : _____

Tenant Signature: _____ Date: _____