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

ACCOUNT REPORT FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date: |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Owner's Name (First, Initial, Last) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | |
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| Owner's Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Phone | | | | | | | | | | | |
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| Street or P.O. Box Number | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | |
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| City | | | | | | | | | State | | | | | | | Zip | | | | | | | | |  | | | |  | | | | | | | | | | | |
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| Joint Owner's Name (First, Initial, Last) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | |
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| Joint Owner's Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Phone | | | | | | | | | | | |
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| Street or P.O. Box Number | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | |
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| City | | | | | | | | | State | | | | | | | Zip | | | | | | | | |  | | | |  | | | | | | | | | | | |
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| 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 for  verification of Program participation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| FINAL REPORT | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Date: | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | Program Depository | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | By: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | Title: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |