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LUMP SUM PAYMENT AFFIDAVIT

RETURN TO: _____

DATE: _____ APT. #: _____

TEL #: _____

DEVELOPMENT NAME: _____

FAX #: _____

APPLICANT/RESIDENT: _____

RE: _____

This information is necessary in order to correctly determine your eligibility for tax credit housing. Please complete every blank line.

1. I received a lump sum payment in the last twenty-four months.
Source: _____ Date: _____
2. Why did you receive this payment? _____
3. What was the dollar amount of the payment? \$ _____
4. Where is the money now? Please provide receipts, if possible.

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

Signature of Applicant/Tenant

Date

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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03/01/08 HPI 205