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## REAL ESTATE VERIFICATION

TO: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_

TEL.#: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

PARCEL #/LEGAL DESCRIPTION:

FROM: \_\_\_\_\_

TEL.#: \_\_\_\_\_

FAX #: \_\_\_\_\_

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Social Security Number(s)

**TO BE COMPLETED BY ASSESSOR:** *(Please include all properties for the person(s) listed above.)*

Parcel Number	Assessed Value	Average Assessment Ratio	Fair Market Value
1.	\$		\$
2.	\$		\$
3.	\$		\$
4.	\$		\$
5.	\$		\$

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Verifying Information

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
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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