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SAFE DEPOSIT BOX/CASH ON HAND AFFIDAVIT

RETURN TO:

DATE: _____ APT. #: _____

DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

TEL #: _____

FAX #: _____

Do you have more than \$500 cash on hand or at home?

YES NO

(That is not in savings accounts, checking accounts, etc.)

Amount: \$ _____

Do you have a safe deposit box? If "Yes", please list contents:

YES NO

Estimated Value of contents: \$ _____

Contents: _____

Where held: _____

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.

Applicant/Resident Signature

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 207