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TELEPHONE CLARIFICATION REPORT

DATE: _____ APT. #: _____

DEVELOPMENT NAME: _____

RE: APPLICANT/RESIDENT: *(If applicable)* _____

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.

Signature of Person Completing Report

Name of Other Party: _____

Title: _____

Name of Firm: _____

Telephone Number: _____

Reason for calling: _____

Summary of Conversation:

(State all questions asked and full responses received. Attach additional pages as needed.)

Date Sent/Faxed: _____

Date Sent/Faxed: _____

Signature of Person Providing Information

Telephone Number

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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