

CLARIFICATION RECORD

Applicant/Resident Name: _____ Date: _____

Initial Certification Date of Expected Move-In: _____

Recertification (Annual or Interim) Effective Date: _____

Means of Clarification: Phone Conversation

Person-to-Person Conversation

Other: _____

(Please state)

Date of Clarification: _____ Time: _____

Contact Name: _____ Position: _____

Company/Organization: _____ Phone: _____

Summary Clarification Requested: _____

Explanation or Clarification Given: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease agreement.

Signature of Contact Printed Name Date

Signature of Owner's Representative Printed Name Date