REAL ESTATE VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO:		RE:		
	Name & Address of Agency		Applicant/Tenant Name Applicant/Tenant Name	
			Social Security	
	Phone Number		Social Security	
	Fax Number		Unit # (if assigned)	
I hereby	authorize release of my real estate information.			
		Signature of A	pplicant/Tenant	Date
		Signature of A	pplicant/Tenant	Date
	vidual(s) named directly above is an applicant/tenan ain confidential and will be used solely for the purpo			
ирргесп	accu.	Return Forn	n To:	
Signa	iture of Owner's Representative Date	2		
	THIS SECTION TO BE COMPL	ETED BY COUNTY ASSESS	OR/REAL ESTATE AGE	NT
Cash Va	lue*: \$	Market Valu	e: \$	
Average	Assessment Ratio:%			
*Cash V	alue is the current value less the cost to turn the asse	et into cash.		
Please p	provide documentation of cost incurred in converting	this asset to cash.		
Addition	nal Remarks: (please indicate any anticipated change:	s.)		
	Signature	Printed Name & Title		Date
		Name and Address		
Phone #		Fax #		E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

NIFA | LIHTC Compliance Updated 12/21