

CLARIFICATION FORM

Applicant/Resident Name: _____ Unit #: _____

Development Name: _____

Initial Certification Recertification Effective Date: _____

MODE OF CLARIFICATION:

Telephone In-Person Interview Other (*Describe*): _____

Date of Clarification: _____ Time: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

Company/Organization: _____

Reason for Clarification:

Summary of Clarified Information:

Management Signature

Date

Tenant Signature

Date