

# TAX ASSESSOR'S VERIFICATION

*(The use of white out, black out, or alteration of original information will void this document.)*

Project Name:		Unit ID:		Date:	
Applicant/Tenant:			SSN:		
City:		State:		Zip:	
				Email:	

**TAX ASSESSOR CONTACT INFO:**

Office Name:		Contact Person:	
Address:		Phone:	
		Fax:	
City:		State:	
		Zip:	
		Email:	

My Signature Authorizes Verification of my Real Estate Information:

\_\_\_\_\_ **Applicant/Tenant Signature** \_\_\_\_\_ **Date**

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

  
  

\_\_\_\_\_   
 Project Owner/Management Agent

**THIS SECTION TO BE COMPLETED BY TAX ASSESSOR**

Please list all owners of property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Property Location (street address): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Year Assessed: \_\_\_\_\_ Assessed Value: \$ \_\_\_\_\_ % of Fair Market Value: \_\_\_\_\_

Taxed @: \$ \_\_\_\_\_ /\$1000 or \$ \_\_\_\_\_ for tax year: \_\_\_\_\_

What is the current Market Value? \$ \_\_\_\_\_

**AUTHORIZED SIGNATURE**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**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.