REAL ESTATE 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:			

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,

Project Owner/Management Agent

RETURN THIS FORM TO:

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? $

Has this property been sold or transferred within the last 24 months? [ ] Yes [ ] No

Date of Sale or Transfer: _____ @ _____ % Fair 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