

## MANAGEMENT TELEPHONE CLARIFICATION REPORT

Applicant/Resident's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Contact ☐ Phone Call

☐ In Person

☐ Other: \_\_\_\_\_

Name of other party: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of tax credit housing, this statement is provided as witness to telephone verification.

I hereby swear that the following information is an accurate and complete summary to the best of my knowledge.

\_\_\_\_\_  
Employee Contact Signature

Reason for Contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary: (State all questions asked and full responses received. Attach additional pages as needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

