

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 affordable housing programs, 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.

