

# REAL ESTATE VERIFICATION

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 TEL.#: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
 DEVELOPMENT NAME: \_\_\_\_\_  
 APPLICANT/RESIDENT: \_\_\_\_\_  
 PARCEL #/LEGAL DESCRIPTION:  
 \_\_\_\_\_  
 \_\_\_\_\_

FROM: Port Terrace Apartments  
 1587 W. Port View Drive.  
 Port Washington, WI 53074  
 TEL.#: 262-284-4477  
 FAX.#: 262-284-4476

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

\_\_\_\_\_  
 Applicant/Resident Signature Social Security Number(s)

**TO BE COMPLETED BY ASSESSOR:** *(Please include all properties for the person(s) listed above.)*

Parcel Number	Assessed Value	Average Assessment Ratio	Fair Market Value
1.			
2.			
3.			
4.			
5.			

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

Signature of Person Verifying Information: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

OFFICE USE ONLY:

FORM # 12

