

# LUMP SUM PAYMENT CERTIFICATION

**RETURN TO**

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

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME: Port Terrace Apartments  
APPLICANT/RESIDENT: \_\_\_\_\_  
\_\_\_\_\_  
RE: \_\_\_\_\_

This information is necessary in order to correctly determine your eligibility for tax credit housing. Please complete every blank line.

1. I received a lump sum payment in the last twenty-four months.  
Source: \_\_\_\_\_ Date: \_\_\_\_\_
2. Why did you receive this payment? \_\_\_\_\_
3. What was the dollar amount of the payment? \$ \_\_\_\_\_
4. Where is the money now? Please provide receipts, if possible.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

Subscribed and sworn to before me under oath this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Notary Public, State of \_\_\_\_\_ My commission expires \_\_\_\_\_, Year \_\_\_\_\_

OFFICE USE ONLY:

FORM # 25

