

SAFE DEPOSIT BOX/CASH ON HAND AFFIDAVIT

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: _____

Y N Do you have more than \$500 cash on hand or at home?

(That is not in savings accounts, checking accounts, etc.)

Amount: \$ _____

Y N Do you have a safe deposit box? If "Yes", please list contents:

Estimated Value of contents: \$ _____

Contents: _____

Where held: _____

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.

Applicant/Resident Signature

Date

Subscribed and sworn to me under oath this _____ day of _____, Year _____

Signature of Notary Public

Notary Public, State of _____ My commission expires _____, Year _____

FORM # 38

OFFICE USE ONLY:



--	--