

REAL ESTATE VERIFICATION

TO: _____

RE: _____
Name

Social Security Number

FROM: _____

Thank you for your prompt response. All information is confidential.
Please contact _____
at () _____ if you have any questions.

We are required by the Internal Revenue Service (IRS) to verify the incomes of all family members applying for admission to any Low Income Housing Tax Credit Program housing. The Delaware State Housing Authority monitors compliance for IRS requirements. Please complete the form below and return it to the address shown as soon as possible. This information will only be used to determine the family's eligibility for admission or continued occupancy. Your cooperation is appreciated.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Signature

Date

THIS SECTION TO BE COMPLETED BY REALTOR, MORTGAGEE OR CLOSING COMPANY

Description of Property: (acreage, type of structures, etc.)

Address or location: (street address or legal description)

Market Value \$ _____

If this property were sold, please estimate expenses below:

Broker Fees \$ _____
Legal Fees \$ _____

Settlement Costs: \$ _____
Other (Specify) \$ _____

Balance on Loan/Mortgage \$ _____

Cash value \$ _____

Signature of Agent or Broker/Company Name:

Print your name:

Date: _____

Address: _____

Tel. #: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

