

PERIODIC MONETARY ASSISTANCE VERIFICATION

To: Spring Creek Village
750 Sunny Ave.,
Gypsum, CO, 81637
Tel.: 970-855-2233

Date:

The undersigned has applied for a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" Program of Section 42 of the Internal Revenue Code. Provisions of this code require stringent verification of the anticipated GROSS ANNUAL INCOME of prospective residents PRIOR to occupancy. Please complete the section below and fax it to 970-524-3209 or email to: springcreek@polarstarproperties.com. Thank you for your prompt attention.

Sincerely,

Leasing Consultant Name

By my signature, I hereby authorize disclosure of the information requested in order to determine my eligibility to rent as required by Section 42 of the Internal Revenue Code.

Print Name

Applicant's Signature

Social Security Number

TO BE COMPLETED BY ASSISTANCE PROVIDER ADMINISTRATOR

Anticipated GROSS Income for NEXT 12 Months

I (We) provide \$_____ per () week () month () year
to _____ and will continue to do so for the next ____ months.

Ph number and Email

Relationship to the Applicant

Signature

Date