



clarification record

Applicant/Resident Name		Unit Number
Please select		
<input type="checkbox"/> Initial Certification	Date of Expected Move-in: _____	
<input type="checkbox"/> Recertification	Certification Effective Date: _____	
Means of Clarification		
<input type="checkbox"/> Phone Conversation	<input type="checkbox"/> Person-to-Person Conversation	<input type="checkbox"/> Other: _____
Date of Clarification		
Contact Name	Contact Title	
Contact Phone	Company/Organization	
Summary of Clarification Requested/Questions Asked		
Explanation or Clarification Provided/Answers Provided		

signature

Employee Signature

Employee Title

Date