

REAL ESTATE VERIFICATION

To be completed by Tax Assessor:

Send To: _____

Applicant/Tenant: _____ Unit # _____

Soc. Security #: _____

Property Name: _____

Address: _____

Please list all owners of property: _____

Property Location (street address): _____

Year Assessed: _____	Assessed Value: _____	% of Fair Market Value: _____
Taxed @: \$ _____ /\$1000	or \$ _____	for tax year: _____
What is the current Market Value? \$ _____		

Has this property been sold or transferred within the last 24 months? Yes No
Date of Sale or Transfer: _____ @ _____ % Fair Market Value

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____
Signature: _____ Date: _____
Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____
Date Received: _____
Comments: _____