



CLARIFICATION RECORD



Applicant:

Address:

Date:

Unit:

Verification Name and Form Number Affected:

Means of Clarification:

☐ Telephone Conversation

Number Called:

☐ In Person Conversation (Use TC-46 Self Affidavit for applicant/resident statements)

☐ Other (please list type):

Person Contacted:

Date of Contact:

Company/Organization/Business/Other:

Information Requested:

Explanation or Clarification Given:

Authorized Representative Certification: I certify that the above information is true and correct.

Signature:

Date:

Printed Name:

Title: