

# CLARIFICATION MEMO

Applicant/Resident Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Development Name: \_\_\_\_\_

Initial Certification       Recertification      Effective Date: \_\_\_\_\_

---

---

**Mode of Clarification:**

Telephone Conversation       Person-to-Person Interview  
 Other (*Describe*): \_\_\_\_\_

Date of Clarification: \_\_\_\_\_ Time: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

---

---

**Reason for Clarification:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Summary of Clarified Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Verifier

\_\_\_\_\_  
Printed Name of Verifier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Printed Name of Resident

\_\_\_\_\_  
Date