

# CLARIFICATION MEMO

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

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

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

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**Mode of Clarification:**

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

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

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

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

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

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**Reason for Clarification:**

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**Summary of Clarified Information:**

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date