

## LIHTC/HOME with HCV Unit Clarification Record

Applicant/Resident Name:			
Project Name:		Project Number	Unit Number:
Certification / Recertification Date: _			
Name of Person Supplying Information	n:		
Title:		Date of Clarification:	
ason for Clarification:			
	LIHTC/ HO	ME UNIT WITH HCV	
lax Rent Info	Amount	HOME Rent Compliance	Amount
IOME Max Rent		TPR	
		HCV amount	
tility Allowance Info		OHFA Approved UA	
HFA Approved UA		Gross Rent	
enant Paid Rent (TPR) Amount		Max Rent	
lousing Choice Voucher (HCV) Amoun	t		
planation for Clarification Given:			
ame and Title of Person Receiving Abov			

Penalties for Misuse of this Form Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures of improper uses of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42.U.S.C. 208 (f) (g) and (h), Violation of these provisions are cited as violations of 42.U.S.C. 408 f, g and h.

PC-E37 | Effective on 11/01/2021 Page 1 of 1