

VERIFICATION OF TRIBAL TRUST LAND OWNERSHIP/INCOME

02/19)

To	Date
Applicant/Tenant Name	Date of Birth

TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is receiving disbursements of per capita or gaming income. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Project Management Agent

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signature	Date
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VERIFICATION OF TRIBAL TRUST LAND OWNERSHIP/INCOME

This form is to be completed by an official representative of the BIA, Tribal Lands Office, or other Tribal Designated Official.

Name of Tribe/Nation	
Is property held in an Individual Trust by the United States Government for the Applicant/Tenant named above? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many Acres of Land are held in the Trust?
Does the Applicant/Tenant named above receive income from the leasing of this land? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much income does the Applicant/Tenant received per year?

By signing below, I certify that the information above, to the best of my knowledge, is correct.

Signature of Tribal Official		Date	
Name of Tribal Official (please print)		Title	
Mailing Address		City	State ZIP Code
Telephone Number	Fax Number	Email Address	

TO BE COMPLETED BY PROJECT MANAGER

Please Return to	Telephone Number	Fax Number
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