Housing Authority of the City of Tifton

15 East 16th Street P.O. Box 12 Tifton, GA 31793

Phone (229) 382-5434 Fax (229) 382-1327

UTILITY VERIFICATION **City of Tifton**

IN ORDER FOR THE HOUSING AUTHORITY TO PROCESS AN APPLICATION FOR HOUSING IN THE NAME(S) OF _____

SOCIAL SECURITY NUMBER(S)

THE FOLLOWING STATEMENT MUST BE SIGNED BY AN AUTHORIZED

REPRESENTATIVE OF THE CITY OF TIFTON:

THIS IS TO CERTIFY THAT THERE IS NO OUTSTANDING BALANCE OWED TO THE CITY OF TIFTON THAT WOULD PROHIBIT THE ESTABLISHMENT OR TRANSFER OF SERVICE FOR THE ABOVE REFERENCED INDIVIDUAL(S).

STIPULATIONS (if any)_____

SIGNATURE _____ DATE _____ DATE _____

Note to the City of Tifton. This form is **NOT** a request for service. Service will be requested verbally from the person(s) named above when it is definite that a new lease is being executed by the Housing Authority.