

Form 81
Verification of Home Ownership

_____ (Date)
_____ (County Tax Assessor)
_____ (Address)
_____ (Address)

RE: Information to Determine Eligibility for Utility Connection Assistance
_____ (Homeowner's name)

To Whom It May Concern:

The above-referenced person has applied for assistance to connect their residence to the _____ (Grantee) _____ (Utility) system. Funds for this connection are being provided through an Arkansas Community and Economic Development Program grant to the _____ (City/County).

_____ (Name of applicant) has authorized the _____ (City/County) to verify home ownership from your office. Information will remain confidential.

Please check your tax and deed records, advise us if the owner of record is the same as we indicate below, and return this information in the enclosed envelope to the address listed above.

Name:
Address:
City:
Legal description:

Sincerely,

_____ (Grantee's representative)
_____ (Signature of applicant)

VERIFICATION OF HOME OWNERSHIP

The owner is or is not as you have indicated above.

Signed: _____ (Name/Title)

Date: _____