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_____
AUTHORIZED AGENT OF THE CITY OF TIFTON

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.