



City of Houston
Housing and Community Development Department
CLARIFICATION RECORD

Name of Applicant/Resident:	Unit #	
Address:		
Reason of Clarification:		
Date information received:		
Date of Clarification:		
Contact Person (Name, Title):		
Documentation:		
Information Requested: _____		

Response: _____		

Signature of Person Requesting Information:		
_____	_____	_____
Signature	Date	Title