

**PROPERTY VERIFICATION REQUEST**

Date:  
From:

The Iowa Department of Human Services is requesting property information to be used in a public assistance review of the following listed individuals. Please list any property (homestead or non-homestead) owned in full or in part by these individuals. If there is no record of ownership, check none. Be sure to sign at bottom of form. If you have any questions, call the above listed number. A return envelope is enclosed for your convenience.

Thank you for your cooperation.

Name	None	Other Owners	
Street	City	State	Zip Code
Property Address		Lot Size	

Name	None	Other Owners	
Street	City	State	Zip Code
Property Address		Lot Size	

Name	None	Other Owners	
Street	City	State	Zip Code
Property Address		Lot Size	

Name	None	Other Owners	
Street	City	State	Zip Code
Property Address		Lot Size	

Signature	Title	Telephone No. (      )	Date
-----------	-------	---------------------------	------