

COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_

**AFFIDAVIT OF OWNER REGARDING  
STATUS UNDER THE CARES ACT**

NOW COMES \_\_\_\_\_, being first duly sworn, deposes and says that (s)he is the \_\_\_\_\_ (position of person) for \_\_\_\_\_ Apartments (or property owner or property management company name) and as such, am duly authorized to make this Verification; that the Property (or Properties) listed below are **not** subject to a mortgage and therefore are **not** classified as a “covered property” as defined by Section 4024(a)(4) & (5) of The CARES Act.

Description of Property (or Properties) and Legal Name(s) of Owner(s):

This the \_\_\_\_\_ day of \_\_\_\_\_ 2021.

\_\_\_\_\_  
*Signature of Affiant*

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 2021.

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)

My Commission Expires: \_\_\_\_\_