

COUNTY OF _____

STATE OF _____

**Affidavit of CARES Act Status:
No “Federally Backed Multifamily Mortgage”**

NOW COMES _____, being first duly sworn, and hereby deposes and says as follows:

1. He/she is the _____ [Title/Position] of the entity _____ (“the Company”);
2. The Company is the Owner of each of the Multifamily Communities listed below (“the Properties”);
3. In his/her position, they are personally familiar with the nature, backing, and issuance information for all mortgage loans issued for and/or secured by the Properties;
4. The Company, by and through the undersigned, hereby confirms that there are no mortgage loans in place that meet the definition of “Federally Backed Multifamily Mortgage Loan” as that term is defined by Sec. 4024 (a) (5) of the CARES Act.

‘THE PROPERTIES’: List Legal Name(s) of ALL Owners, Street Address(es), and Community Name(s) (if applicable). Exhibit may be attached if needed.

This the ____ day of _____, 20__.

Signature of Affiant

Sworn to and subscribed before me

This ____ day of _____, 20__.

(NOTARY SEAL)

Notary Public

My Commission Expires: _____