

COUNTY OF _____

STATE OF _____

**Affidavit of CARES Act Status:
Property Owned "Free and Clear" of Mortgages**

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

1. I am personally familiar with the ownership and financing for each of the Single Family or Multi-Family rental properties listed below (the "Properties");
2. I have this personal knowledge as a result of (indicate all that apply with an 'X'):
 I am personally an Owner of the Properties;
 I am a Member/Manager of the LLC that owns the Properties;
 I am a Company Executive employed by the Owner entity, specifically its:
 _____ [Title/Position]
3. As such, I am duly authorized to make the verification(s) herein regarding the Properties;
4. The Properties listed below are presently not subject to any mortgage and so do not meet the definition of "Covered Property" under Sec. 4024(a)(2) 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: _____