

STATE OF _____
_____ COUNTY

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

NOW COMES _____, being first duly sworn, deposes and says that he/she is the _____ of _____ (The Company). The Company is the owner of the Properties in the attached Exhibit (The Properties) and is familiar with the nature, backing and issuance information for all loans issued on The Properties. The Company, by and through the undersigned, hereby confirms that there are no loans in place for The Properties that meet the definition of the term “Federally Backed Mortgage Loan” or “Federally Backed Multifamily Mortgage Loan” as defined by Sec. 4024(a)(4)&(5) of the Act.

This is the _____ day of _____, 2021

Signature

STATE OF _____, _____ COUNTY
Sworn to (or affirmed) and subscribed before me this day by _____.

- I have personal knowledge of the identity of the principal(s).
- I have seen satisfactory evidence of the principal’s identity, by a current state or federal identification with the principal’s photograph in the form of a _____.
- A credible witness has sworn to the identity of the principal(s).

Date: _____

_____, Notary Public
(Notary’s printed or typed name)
My commission expires: _____

(Official Seal)