

**Owner Affidavit for:
No New Evictions
and
No New Tenants**
(Affidavit Required for EACH owner)

Assessor's Block _____ Lot _____
Address _____

I, _____, hereby certify under penalty of perjury that the
(Print Name)

following is true and correct to the best of my knowledge: Since the submittal of my Condominium Conversion Application, no person has entered into contract, or has been offered exclusive right to occupy any unit in the building as a tenant. Furthermore no eviction as defined in San Francisco Administrative Code Section 37.9(a)(8), 37.9(a)(10), 37.9(a)(11), or 37.9(a)(13) of a senior, disabled person, catastrophically ill tenant as defined below, or evictions in multiple units has occurred. For purposes of the above statement, a senior shall be a person who is 60 years or older and has been residing in the unit for 10 years or more at the time of issuance of the eviction notice; a disabled tenant is defined as a person who is disabled within the meaning of Title 42 U.S.C. Section 12102(2)(A); and a catastrophically ill tenant is defined as a person who is disabled as defined by above, and who is suffering from a life threatening illness as certified by his or her primary care physician.

I understand that I am affirming under penalty of perjury to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement may include denial of the condominium conversion subdivision, fines, and/or imprisonment. I understand that in the event that a person becomes a tenant before my map is recorded I am required to notify DPW and shall be required to make an offer of a life time lease to said tenant prior to the map recording.

Date: _____ Signature _____

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____, Notary Public,
Date *Name of Officer*

personally appeared _____,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)