



# HOME Opportunity Program

Sponsored by



## Seller's Occupancy Certification

Address of Property \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Complete the table below for all individuals that have occupied the property from ninety (90) days prior to the date of the **purchase offer** to the present date:

Last Name, First Name of Occupant	Owner(s)?	Currently Residing in the Property?	Minor?	For <b>ALL</b> non-owners, please indicate relationship to owner (for example: son, daughter, foster child, husband, wife, mother, father, mother-in-law, father-in-law, girlfriend, boyfriend, friend, visiting relative or friend, renter, please specify if "other")
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

As indicated in the purchase offer, no tenant may be permitted to occupy the property before the sale is completed.

**I hereby declare** that the preceding statement and occupancy list is accurate to the best of my knowledge and belief, and is submitted for the purpose of preventing conflict with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

If I fail to provide accurate occupancy information for the above mentioned property, **[Name of Subrecipient]** or the Alaska Housing Finance Corporation may demand repayment for up to amount of the cost of relocation as required by the act and any legal costs incurred.

*Seller please sign below:*

Seller \_\_\_\_\_

Date \_\_\_\_\_

Co-Seller \_\_\_\_\_

Date \_\_\_\_\_