



OWNER AFFIDAVIT

Building Department

Owner & Property Information

I, _____, certify that I am the Owner Occupant of the home located at:

Property Address: _____

Permanent Parcel Number: _____

Affidavit Understanding

Please read each statement and then place your initials to the left of the statement.

_____ I understand that it will be my responsibility to notify the City of Maple Heights when the above-named owner/occupant no longer resides at the address listed above.

_____ I certify that I will occupy the home for a period of two (2) years commencing upon the Chief Building Official permitting occupancy. In the event that I fail to occupy the property for the full two (2) years as stated, I also agree and consent to pay any outstanding repairs remaining from the point of sale inspection in escrow within thirty (30) days. Payments not made within thirty (30) days may be subject to a fine payable to the Maple Heights Building Department.

_____ I understand that should any of the above statements be false, I am liable for any penalties including, but not limited to, the collection of any money owed for escrow purposes for which the law provides, plus interest at a rate of 1.5% per month, administrative costs, court costs, and any attorney fees incurred in the collection of those sums.

_____ I agree to, and stipulate, that the City of Maple Heights may use whatever legal means it has at its disposal to verify my residency, including having a Building Official visit my home to ensure that the family named above, resides at this address.

Note: Be sure you have read this statement carefully before you sign. Giving false information under oath is punishable as a criminal offense under the Ohio Revised Code 2921.13 and 292.21, a misdemeanor of the first degree with a maximum fine of \$1,000 and/or jail term of six months. In the City of Maple Heights, each violation may be thoroughly and vigorously prosecuted.

Signatures

Owner Occupant: _____
Name (Please Print)

Owner Occupant: _____
(Please Print)

Owner Occupant: _____
Signature

Owner Occupant: _____
Signature

Date: _____

Date: _____

Soc. Sec. Number: _____

Soc. Sec. Number: _____

Before me, a Notary Public in the County of Cuyahoga, State of Ohio, came the above-named individual(s) who said that he/she/they understand the statements set forth above and adopts said statements and the information herein as his/her/their own, and as true to the best of his/her knowledge of the consequences and penalties of falsification, and do affix his/her signature in my presence this _____ day of _____, 20_____.

Notary Public