COMMISSION ON AFFORDABLE HOUSING
APPLICANT CERTIFICATION AFFADAVIT

The applicant(s) certifies all information in this application and all information furnished in support of this application is given for the purpose of obtaining Rehabilitation Program assistance through the Palm Beach County Affordable Housing Trust Fund Hardship "B" Program. Further the information is true and correct to the best of their knowledge and belief.

The applicant(s) further certify he and/or she shall:

- Occupy the property as their principal place of resident for the period of the conditional mortgage; or
- Notify the Palm Beach County Commission on Affordable Housing or its designee of the owner's intent to sell and or vacate the property prior to taking such action.
- Maintain the property as their principal residence for the period of the conditional mortgage any portion of the award granted by the original conditional mortgage not yet forgiven may be due and payable to Palm Beach County's Housing Trust Fund upon sale of the property to a household not qualified as very low or low income or upon abandonment of the property.

The applicant(s) covenant and agree that he and/or she will:

- Comply with all applicable requirements imposed by or pursuant to the Palm Beach County Purchase Assistance Program provisions; and
- Comply with the requirement prohibiting discrimination on the basis of race, color, religion, sex, sexual orientation, marital status, familial status, disability, age or nation origin in the sale of the property constructed or improved with the assistance through Palm Beach County.

Palm Beach County shall be deemed to be a beneficiary of the provisions both for and in its own right and also for the purpose of protecting the interest of the community and other parties, public and private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breech.

The applicant(s) covenant and agree he and/or she will notify Palm Beach County if there are any changes in the household's circumstances as described in the application before the receipt of financial assistance through this program, including but not limited to:

- The birth of a child;
- A change in marital status
- A change in employment or income status; and
- A change that might affect the eligibility of the household to receive assistance through this program.

The applicant(s) hereby authorizes Palm Beach County to obtain verification and information as may be needed in connection with qualifying the applicant(s) for funding.

_____ _____
Applicant's Signature Date

_____ _____
Applicant's Signature Date

The foregoing instrument was acknowledged before me this _____ day of _____, 200_,__ by_____, who is/are personally known to me or who has produced _____ as identification.

Notary Signature: _____
Notary Name: _____
Notary Public- State of Florida

(SEAL)

My Commission #: _____
Expires On: _____