



CITY OF BELVEDERE

450 San Rafael Avenue • Belvedere, CA 94920-2336
Tel: 415/435-3838 • Fax: 415/435-0430 • www.cityofbelvedere.org

AFFIDAVIT REGARDING OCCUPANCY OF UNITS

(Required for SB 9 projects that would alter or demolish existing units on the site of the project unless the applicant submits a five-year history of the occupancy of those units)

Owner-Occupant Name(s) _____

Property Address(es) _____

Assessor's Parcel Numbers(s) _____

1. I am the owner of the real property identified above.
2. On _____ I, or my authorized agent, submitted an application to the City of Belvedere for:
 - A parcel map subdividing the Property pursuant to the procedures outlined in California Government Code Section 66411.7 and Belvedere Municipal Code section _____.
 - A two-unit development on the Property pursuant to the procedures outlined in California Government Code Section 65852.21 and Belvedere Municipal Code section _____.
3. To my knowledge and belief, as calculated from the date of the submission of the application, the dwelling unit(s) on the Property has/have not been occupied by any individual or household under a lease or rental agreement in the prior three years. If a dwelling unit existing on the Property is to be demolished, to my knowledge and belief, as calculated from the date of the submission of the application, the dwelling unit(s) on

the Property has/have not been occupied by any individual or household under a lease or rental agreement in the prior five years.

4. Additionally, to my knowledge and belief, the Property is not a parcel on which I, or my predecessor(s), have exercised an owner's rights, under Government Code Sections 7060, *et seq.*, to withdraw accommodations from rent or lease within the last 15 years from the date of submittal of the application.
5. I understand, consent and agree that the City of Belvedere may take such action as it deems necessary to verify both the accuracy and veracity of this declaration. I further understand, consent and agree that that any person or entity contacted by the City of Belvedere, or its contractors, agents, employees, grantees, or designees, in the course of such verification, may release such pertinent information to the City of Belvedere or its contractors, employees, agents, grantees, or designees.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct and that this affidavit was executed on the ____ of _____, 20____, at _____, California.

Signature

Printed Name

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 veracity, accuracy, or validity of that document.

State of California

County of _____

On [DATE], before me, [NOTARY NAME], Notary Public, personally appeared [APPLICANT NAME], who provide to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subjected 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) 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 _____

