



**AFFORDABLE HOUSING PROGRAM
OWNER OCCUPIED ANNUAL CERTIFICATION**

Please complete this form and return to:
cshubert@encinitasca.gov **or mail to:**
City of Encinitas, Development Services Department
Attn: Cindy Schubert
505 S. Vulcan Ave
Encinitas, CA 92024

OWNER

Name(s): _____ Phone: _____

Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

I certify that the affordable unit listed above is my primary residence: Y ___ N ___

**Please provide source documentation of your residency
(Utility Bill, HOA or Mortgage Statement, Insurance, or other verifiable documentation)**

CERTIFICATION

OWNER CERTIFICATION

I/We have read the information submitted above, and certify that the information is accurate and complete to my/our knowledge. I/We acknowledge and understand that a material misstatement fraudulently made in this affidavit or in any other statement made by me/us in connection with the affordability restriction recorded against this property will constitute a federal violation punishable by fine and abatement of use of subject property, which will be in addition to any criminal penalty imposed by law.

By checking this box, I/We certify under penalty of perjury that all acknowledgments associated with this application and documents submitted are correct and true.

Please Print or Type Signatory's Name Date

Please Print or Type Signatory's Name Date