

**RESIDENTIAL ONE FAMILY/CONDO UNIT AFFIDAVIT**

TITLE CO.:

TITLE NO.:

DATE:

STATE OF NEW YORK )  
 )SS.:  
COUNTY OF )

each being duly sworn, depose(s) and say(s):

1. \_\_\_\_\_, is (are) the owner(s) of the premises known as

2. Deponent(s) is (are) the same person(s) who acquired title to the premises herein by deed recorded in the \_\_\_\_\_ County (Register) (Clerk's) office on \_\_\_\_\_, Liber/Reel \_\_\_\_\_, Page \_\_\_\_\_. There are presently no tenants in said premises.

3. There is presently a (or) tenant in said premises. Said tenant either (a) is in possession under a lease containing a standard subordination clause fully subordinating said lease to all existing and future mortgages, or (b) is a statutory tenant. Said lease does not contain an option or right of first refusal to purchase this premises.

4. No work has been done upon the above premises by the City of New York nor has any demand been made by the City of New York for any such work that may result in charges by the New York City Department of Environmental Protection for water tap closings or any related work.

5. Deponent(s) has (have) not been known by any other name, married, or single during ten years except:

6. None of the judgments, federal tax liens, parking violation judgments, or state tax warrants, set forth in Exception(s) and \_\_\_\_\_, in Title No. \_\_\_\_\_ of ("TITLE COMPANY"), are against deponent(s). Deponent(s) has (have) never resided or maintained an office at any of the addresses set forth in the judgments, federal tax liens, parking violation judgments, or state tax warrants in Exception(s) and as aforementioned.

7. That deponent(s) (is) (are) not receiving medical assistance from New York State and (does) (do) not reside in a nursing facility, medical institution or a facility for the mentally retarded.

8. Deponent(s) makes (make) this affidavit to induce, to insure said title, free and clear of the aforesaid.

Sworn to before me on \_\_\_\_\_,

\_\_\_\_\_  
Notary Public State of New York