AFFIDAVIT CONFIRMING LEAD PIPE REPLACEMENT ASSISTANCE PROGRAM (LPRAP) AFFORDABLE UNIT INFORMATION

The	e undersigned solemnly swears (or affirms)	that the follow	ing statements are	e true:	
1.	I, the undersigned, am over the age of (1 government is punishable by criminal pen	8) and unders alties under D	tand that making a	a false statement to the 22–2405.	District of Columbia
2.	I am [Insert Authorizing Authority Full Nat of the homeowners of	me] [Insert P	roperty Address].	, an authority that i	s authorized to act on behalf
3.	[Insert Property Address] is seeking to replace the partial lead service line located on the private property and would like to qualify for between 80% to 100% assistance by providing the income information set forth in Paragraph 4 below.				
4.	To ascertain the qualifications of the Property's low-income households, I have reviewed and provided to DOEE the following applicable document(s) and highlighted the relevant provisions to demonstrate that the property will remain under an affordability covenant that aligns with LPRAP income guidelines:				
	Regulator Agreement (memorializes affordability restrictions between the Property owner and the District or federal agency); Deed Restriction or Covenant; Loan Agreement;				
_	Affordable Housing Restriction (lists the number of restricted units, income to which they are restricted to, and terms of agreement); Housing Assistance Payment (HAP) Contract (documents Section 8 provisions or local vouchers);				
	 Proof of the property using the District's Housing Choice Voucher Program; Tax Credit Regulatory Agreement and Declaration of Restrictive Covenants; and/or Other relevant documentation not listed here but reviewed and approved by DOEE. 				
5.	I certify that, as a result of this review and the information submitted and certified by the Property, the low-income households listed in the corresponding <u>LPRAP Application</u> are income-qualified. I acknowledge that improper certification of the Property and income-qualified households are a violation of the law and may result in penalties or legal action against the authorizing authority.				
6.	I certify that I am authorized to execute a	nd deliver this	affidavit to DOEE	on behalf of the proper	ty.
Signature of A	Authorizing Authority	Date	-		
Printed Name					
District of Columbia		Subscri	ped and sworn to	before me thisday o	of 20
				Notary Signature	
My commissio	n expires:				