



# HOMEOWNER'S CERTIFICATION OF PRINCIPAL RESIDENCE

**THE PRINCIPAL PURPOSE FOR WHICH THIS INFORMATION IS SOUGHT IS TO DETERMINE YOUR ELIGIBILITY FOR A TAX CREDIT - FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN REJECTION OF YOUR TAX CREDIT APPLICATION ALTERED VERSIONS OF THIS FORM WILL NOT BE ACCEPTED CORRECTIONS OR CHANGES ON THIS FORM WILL RESULT IN REJECTION**

I (We) certify under penalties of perjury, that I am (we are) the homeowner(s) of the following property and will occupy the property as my (our) principal residence:

Tax Account # (7 digits) \_\_\_\_\_

Premise Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR** a.  My (Our) mailing address is the same as the premise address.

b.  Although I (We) will occupy the property as my (our) principal residence, my (our) mailing address differs from the premise address as follows:

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Homeowner's Phone: home \_\_\_\_\_ (work) \_\_\_\_\_

The above Property Address has been my/our "Principal Residence" since \_\_\_\_\_ (date)

Number of months you have resided or expect to reside at the address each year \_\_\_\_\_.

Do you or any of the owners, jointly or individually, own any other property in the State of Maryland?

No \_\_\_ **OR** Yes \_\_\_\_\_. If yes, please note the property address of the other property(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

Provide additional paper, if needed.

It is the homeowner's responsibility to notify any person or business that may be affected by this action.

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Settlement Company \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_

## NOTARY

In the State of \_\_\_\_\_, at the County/City of \_\_\_\_\_

I HEREBY CERTIFY, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the subscriber, a Notary Public, in and for said State and County/City, personally appeared,

\_\_\_\_\_, known to me to be, (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within affidavit, and acknowledged that he/she/they executed the same for the purposes therein contained, and further acknowledged the information therein is correct, and in my presence signed and sealed the same.

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

