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
_________________________________
_________________________________
_________________________________

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 acknowledge the information therein is correct, and in my presence signed and sealed the same.

My Commission Expires: _____/_____/_______  ______________________________ 
Notary Public Signature

Rev 09-08 (This form may be copied but not altered)
PGC TREAS Form # 002