

CITY OF DORAL – EMERGENCY HARDSHIP 4 FAMILIES GRANT
AFFIDAVIT OF LANDLORD

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF DORAL)

BEFORE ME, the undersigned authority, personally appeared _____, who, after being duly sworn, deposes and says:

1. I am over the age of eighteen (18) and make this declaration based on my personal knowledge.

2. I am a voluntary and willing participant in the City of Doral Emergency Hardship 4 Families Grant Program (“Program”). I understand that the Program provides emergency rental and/or mortgage assistance to people suffering special hardship, as outlined in the Program requirements.

3. I acknowledge that rental and/or mortgage payments will be made directly to my account by the City of Doral, provided all representations and warranties stated herein remain true and accurate throughout the funding period.

4. There is a valid and current lease agreement between the Landlord and _____ (“Tenant”), dated _____, with a term of _____ months/years, for a rental amount of \$ _____ per month/year/week (“Rent”). The lease pertains to the property located at

_____ Doral,
Florida (“Property”)

or

There is a valid and current mortgage between the lender _____ and homeowner, _____, dated _____, with a term of _____ months/years, for a mortgage amount of \$ _____ per month/year/week (“Mortgage Payment”)

5. The Property has no outstanding real estate tax delinquencies.

6. I confirm that a completed IRS Form W-9 has been provided to the City of Doral.

7. I make these statements under penalty of perjury pursuant to Florida Statutes § 92.525 and acknowledge that false statements may result in criminal and civil penalties, including fines, costs, attorneys' fees, and imprisonment.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.

Name of Affiant

Title

Date

NOTARY ACKNOWLEDGMENT

The foregoing instrument was sworn to and subscribed before me by means of ____ physical presence or ____ online notarization this ____ day of _____, 2025 by _____ as _____ who is personally known to me or has produced _____ as identification.

Notary Public, State of Florida

My Commission Expires: _____

[Notary Seal]