CALIFORNIA RESIDENTIAL MITIGATION PROGRAM

EARTHQUAKE MULTI-UNIT LEGAL OWNER IDENTIFICATION AND ATTESTATION FORM

ADDRESS OF THE SUBJECT BUILDING

Street Address:		
City:	State: CA	ZIP Code:

LEGAL OWNER OF THE SUBJECT BUILDING

The legal owner of the subject building is one of the following *(select only one option)*:

- ☐ Sole Ownership (one person)
- ☐ Trust
- ☐ Tenants in Common
- ☐ Joint Tenancy
- ☐ Limited Liability Company (LLC)
- ☐ Corporation
- ☐ Real Estate Investment Trust (REIT)
- ☐ Condominium Association
- ☐ Other: _____

LEGAL OWNER(S) AND OWNER'S REPRESENTATIVE INFORMATION

Name of Owner(s) Legal Entity:	
Owner Legal Entity's Mailing Address:	
Name of owner's Representative who has legal authority to act on behalf of the owner:	
Representative's Email Address:	Representative's Phone:

I/We understand that providing a false attestation could result in a requirement to pay back the amount in financial assistance acquired through the EMR Program with interest.

I/We declare under the penalty of perjury, under the laws of the state of California, that what I/We stated above is true and correct.

This form must be completed and signed by the legal owner(s) of the subject building and the representative of the legal owner (if applicable).

Please note that failure to comply with the EMR Rules may result in denial of the grant payment.

AUTHORIZED REPRESENTATIVE SIGNATURE

Authorized Representative's Name: _____

Authorized Representative's Signature: _____ Date: _____

OWNER(S) SIGNATURE(S)

Authorized Owner's Name: _____

Authorized Owner's Signature: _____ Date: _____

•••

Authorized Owner's Name: _____

Authorized Owner's Signature: _____ Date: _____

•••

Authorized Owner's Name: _____

Authorized Owner's Signature: _____ Date: _____

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Authorized Owner's Name: _____

Authorized Owner's Signature: _____ Date: _____