Department of Licensing & Consumer Protection
201 W. Colfax Ave. Dept. 206 Denver, CO 80202
www.denvergov.org/businesslicensing

AFFIDAVIT OF FEE WAIVER ELIGIBILITY
(Residential Rental Program)

I,_____, swear or affirm under penalty of perjury under the laws of the State of Colorado that the rental property (name or DBA)_____ at (address(es))_____ is eligible for the fee waivers for the "Healthy Residential Rentals for All" program under one of the four eligible categories established by the Denver Revised Municipal Code section 32-105 (b), which states:

"Application and license fees shall be waived for the following residential rental properties:

(1) Owned in whole by, owned in part by, or leased and operated by a local, state, or federal government agency.

(2) Owned by or leased and operated by any organization that has been exempted from federal income tax as a non-profit organization in good standing under section 501 (c)(3) of the United States Internal Revenue Code of 1986, as amended, and has been designated as income-restricted housing in section 27-154(d).

(3) An affordable housing projects constructed with the support of any combination of federal, state or local financial resources, including private activity bonds, tax credits, grants, loans, or other subsidies to incentivize the development of affordable housing, including support from the affordable housing permanent funds created in section 27-150.

(4) A Property that is restricted by law, contract, deed, covenant, lease, or any other legally enforceable instrument to provide at least eighty (80) percent of the total housing units only to income-qualified household receiving low-income housing assistance.

I understand that making a materially false statement which I do not believe or know not to be true in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree and it shall constitute a separate criminal offense if a public benefit is received.

SIGNATURE MUST BE WITNESSED BY NOTARY

_____ _____
Signature of Affiant Date

STATE OF _____)
) S.S. SEAL
CITY AND/OR COUNTY OF_____)

Subscribed and sworn to before me on this_____ day of_____, 20_

NOTARY PUBLIC:_____ My commission expires: _____