

COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, SUITE 1240 DETROIT, MICHIGAN 48226

PHONE: 313.224.4950 FAX: 313.224.3434

Affidavit of Applicant

I do hereby attest that the statements, documents, and responses provided in and with this City of
Detroit Legacy Detroit Certification Application are true and correct to the best of my
knowledge. I understand that I am making this statement subject to the penalties of perjury. I
further understand that the City of Detroit reserves the right to require additional information
prior to, during, and at any time after certification has been granted. I do hereby attest that the
supporting documents attached are true and authenticate, that I lived in the city of Detroit for the
following years:
I understand that any misrepresentations of information provided in support of this application
can result in delay in processing, denial of the application, de-certification or revocation of a
certification, if conferred prior to discovery of the misrepresentation.
I am currently a Detroit resident and have been living in Detroit for at least the past year at the
following address:
Name of Applicant:
NOTARY ACKNOWLEDGMENT
STATE OF:
COUNTY OF:
The foregoing Affidavit of Applicant was acknowledged before me this day of,
• • • • • • • • • • • • • • • • • • • •
20 to me known to be the person described in and who executed the foregoing instrument
and acknowledged that he/she executed the same as his/her free and voluntary act and deed.
Signature of Notary:
•
Printed Name and Stamp of Notary:
My Commission Expires: