

APARTMENT BUILDING VACANCY AFFIDAVIT
ADDISON TOWNSHIP

PERMANENT PARCEL NUMBER : _____

PROPERTY ADDRESS: _____

APPLICANT'S NAME: _____

TITLE: _____
 (Owner / Partner / Other Official)

EMAIL: _____

PHONE #: _____

TAX YEAR: _____

	<u>TOTAL RENTABLE UNITS IN BUILDING</u>	<u>NUMBER OF UNITS VACANT</u>
JANUARY	_____	_____
FEBRUARY	_____	_____
MARCH	_____	_____
APRIL	_____	_____
MAY	_____	_____
JUNE	_____	_____
JULY	_____	_____
AUGUST	_____	_____
SEPTEMBER	_____	_____
OCTOBER	_____	_____
NOVEMBER	_____	_____
DECEMBER	_____	_____

*****NOTE*****
**THIS APPLICATION MUST
 INCLUDE
 LISTING/MARKETING
 DOCUMENTATION FOR
 EACH PROPERTY TO BE
 CONSIDERED FOR
 VACANCY.**

Having been first duly sworn on oath, I state that I have the legal authority and sufficient knowledge of the above property to affirm that the information contained in this affidavit is true, correct and complete.

 SIGNATURE OF AFFIANT

 DATE

NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME THIS

____ DAY OF _____, 20____.

 SIGNATURE