

**AFFIDAVIT OF HOMEOWNERS ASSOCIATION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose(s) and say(s) that

Signature of officer/director

I am an officer/director for the \_\_\_\_\_

Name of Homeowners Association

I further affirm that the above named homeowners association is, as described in 2011 PA 48, MCL 408.806, Sec. 6 (3), an incorporated organization of the owners or lessees of not more than 20 residential dwellings. As stated in 2011 PA 48 MCL 408.806, Sec. 6 (2) the above named association has obtained and will maintain at least \$1,000,000 of insurance coverage against liability arising from construction or use of an incline elevator constructed according to the standards that apply to a private residential incline elevator.

Homeowners Association Address, \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip

Homeowners Association State ID Number \_\_\_\_\_

Homeowners Association Incorporation Date \_\_\_\_\_

Officer/Director name printed \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Affiant is personally known to me or has produced \_\_\_\_\_ as identification.

Notary Public Signature \_\_\_\_\_

Print Name \_\_\_\_\_

State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_