



AFFIDAVIT OF NO RENTAL COMPENSATION

STATE OF FLORIDA)
)SS.
COUNTY OF BROWARD)

Before me, the undersigned authority, personally appeared _____ having
(Print Name)
been duly cautioned and sworn deposes and states:

I am the owner of the Property Address of: _____
Parcel Number: _____

1. I receive No Rental or Dwelling compensation of any kind for the Property listed above.

I hereby affirm that all information contained herein is true and complete to the best of my knowledge.

Date _____ Acknowledger's Signature _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me, the undersigned notary public, this _____ day of _____ 20 _____,
by _____
(Name of Acknowledger)

Notary Public, State of Florida

NOTARY PUBLIC SEAL OF OFFICE:

† Personally known to me
† Produced Identification:

My Commission Expires

Return to:
Community Development Dept.
Attn: Business Specialist
701 SW 71st Ave.
North Lauderdale FL 33068

Community Development
OFFICE: (954) 724-7069
FAX: (954) 597-4850
EMAIL: chardy@nlauderdale.org