



COVID-19 CERTIFICATE OF OCCUPANCY SUPPLEMENTAL AFFIDAVIT

PROPERTY ADDRESS: _____ APARTMENT #: _____

OWNER'S NAME: _____

OWNER'S PHONE #: _____

TENANT NAME: _____ PHONE #: _____

I attest to **each** of the following:

- The unit has working smoke detectors in all required locations (**in sleeping rooms, hall outside sleeping rooms, and each floor of dwelling including basement/cellar**).
- The unit has a working carbon monoxide alarm located **within 15 feet of the lowest level sleeping areas and near attached garages**.

I attest that **none** of the following conditions are present:

- Peeling, flaking or loose paint
- Water leaks from roof or plumbing fixtures
- The presence of pests (roaches, rodents, etc.)
- Any other hazards exist

OWNER'S INITIALS: _____

TENANT'S INITIALS: _____

I hereby swear that the above information is true to the best of my knowledge and understand that by attesting to this information it will be accepted in lieu of an "in person" inspection by a City Code Enforcement Officer:

OWNER/MANAGER SIGNATURE

TENANT SIGNATURE

DATE

