



CITY OF BUFFALO
DEPARTMENT OF HUMAN RESOURCES
Civil Service Division

BYRON W. BROWN
MAYOR

GLADYS HERNDON-HILL
COMMISSIONER

Family Notarized Statement

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

I, \_\_\_\_\_, and \_\_\_\_\_ under penalty of perjury state that I/we allow \_\_\_\_\_ to reside with us since the period of \_\_\_\_\_ (start date) through \_\_\_\_\_ (end date or present time) At the address of \_\_\_\_\_ in Buffalo, NY \_\_\_\_\_ (Zip). The monthly rental amount is \$ \_\_\_\_\_, and is paid by \_\_\_\_\_ cash or \_\_\_\_\_ check. If paid by cash, I have provided \_\_\_\_\_ with receipts that I have signed and dated. His/Her utilities: \_\_\_\_\_ are included \_\_\_\_\_ are not included. A copy of the rental agreement is included.

My relationship to the candidate is \_\_\_\_\_

I certify under penalty of perjury that the foregoing is true and correct. I understand the City of Buffalo has the right to verify all my statement/s, including but not limited to: verifying that I own the property, and if not, that my landlord is aware that I have additional persons living with me, that I have the authority to rent it out all or in part, that my taxes and mortgage reflect that this is an income property, etc. if applicable. I further understand that my neighbors may be interviewed to determine who lives at this address, and that the City of Buffalo has the right to pursue legal action against me for any false statements that may defraud or attempt to defraud the City of Buffalo.

\_\_\_\_ Date \_\_\_\_\_ Signature
\_\_\_\_ Date \_\_\_\_\_ Signature

Acknowledgment of Individual/s

STATE OF NEW YORK

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

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared

\_\_\_\_\_, and \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_ Notary

Public

Printed Name: \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

(Rev. 12/2016)