

CAUSE NO. _____

PLAINTIFF(S)

VS.

DEFENDANT(S)

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§

IN THE JUSTICE COURT
PRECINCT NO. 1 PLACE 1
LAMPASAS COUNTY,
TEXAS

VERIFICATION OF COMPLIANCE
WITH SECTION 4024 OF THE CARES ACT

My name is: _____.

First Last

I am (check one) the Plaintiff or an authorized agent of the Plaintiff in the eviction case described at the top of this page. I am capable of making this affidavit. The facts stated in the affidavit are within my personal knowledge and are true and correct.

Plaintiff is seeking to recover possession of the following property:

Name of Apartment Complex (if any)

Street Address & Unit No. (if any) City State Zip

I verify that this property is not a "covered dwelling" as defined by Section 4024(a)(1) of the CARES Act. The facts on which I base my conclusion are as follows.

(Please identify which data base or the other information you have used to determine that the property does not have a federally backed mortgage loan, federally backed multifamily mortgage loan.)

(If the property does not have a federally backed mortgage loan or federally backed multifamily mortgage loan, please state whether (1) the property is a Low Income Housing Tax Credit (LIHTC) property, (2) the property is federally subsidized under any HUD program, or (3) the property leases to persons with Section 8 vouchers.)

I declare under penalty of perjury that everything in this verification is true and correct

Your Printed Name

Your Signature (sign only before a notary)

Sworn to and subscribed before me this _____ day of _____, 20__.

CLERK OF THE COURT/NOTARY