



**Civil Rights, Inclusion
and Opportunity**

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1240
DETROIT, MICHIGAN 48226
PHONE: 313.224.4950
FAX: 313.224.3434

Affidavit of Applicant

I, being a duly authorized representative of the applicant, do hereby attest that the statements, documents, and responses provided in and with this City of Detroit Legacy Detroit Certification Application are true and correct to the best of my knowledge. I understand that I am making this statement subject to the penalties of perjury. I further understand that the City of Detroit reserves the right to require additional information prior to, during, and at any time after certification has been granted.

I understand that any misrepresentations of information provided in support of this application can result in **delay in processing, denial of the application, de-certification or revocation** of a certification, if conferred prior to discovery of the misrepresentation.

Name of Applicant: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Authorized Representative's Title: _____

NOTARY ACKNOWLEDGMENT

STATE OF: _____

COUNTY OF: _____

The foregoing Affidavit of Applicant was acknowledged before me this ____ day of _____, 20____ to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free and voluntary act and deed.

Signature of Notary: _____

Printed Name and Stamp of Notary: _____

My Commission Expires: _____