SEMIANNUAL AFFIDAVIT FOR FINANCIAL STATEMENTS

FOR THE PERIOD ENDING_____

STATE OF CONNECTICUT)
)
COUNTY OF……)

The undersigned, being duly sworn, depose and say that they are the below designated officers of the said Authority or sponsor and that all of the assets described in the financial statements identified above were the absolute property of said Authority or Sponsor, free and clear from any liens, violations, claims of encumbrances thereon, except as therein stated; that these financial and operating statements together with the schedules and explanations therein contained, annexed or referred to including information with respect to tenants and rentals, are a full and correct exhibit of all assets, liabilities (actual or contingent) and of the condition and affairs of said Athority or Sponsor insofar as its financial accounts are affected with respect to the contract for financial assistance dated _____, 200__, between the State of Connecticut and said Authority or Sponsor and that the costs of operating each housing project under its jurisdiction are, for the semiannual period identified above correctly presented in the respective individual Operating Statements, according to the best of their information, knowledge and belief respectively.

Signed under penalty of false statement, Connecticut General Statutes Section 53a-157b.

LEGAL NAME OF AUTHORITY OR SPONSOR _____

Signed by: _____
President/Chairman Duly Authorized

_____
Date

Subscribed and sworn to before me this _____ day of _____, 200__.

_____

My Commission expires _____

Rev: 3/2007