**LIFETIME OCCUPANCY OWNERSHIP**

LOCATION OF RESIDENCE IN QUESTION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Village/City \_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_Zip

To whom it may concern:

I  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**certify that I am the legal owner of the residence described

 (Print Your Name)

above. I am sending this letter to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_has obtained lifetime (Name of Applicant)

occupancy rights by residing for more than 6 months in the home. I understand by signing this letter that I am agreeing that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_was/is occupying the residence rent-free (Name of Applicant)

and is financially responsible for the any maintenance and taxes.

Signature of Owner:

**CERTIFICATION: “Certifier” must be someone other than the applicant. “Certifier” cannot be a member of the applicant’s household or immediate family. (Immediate family includes a spouse, parent, grandparent, son, daughter, brother or sister).**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CERTIFIER’S NAME (please print)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CERTIFIER’S MAILING ADDRESS

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CITY, STATE, ZIP

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CERTIFIER’S PHONE NUMBER

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CERTIFIER’S RELATIONSHIP TO APPLICANT

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CERTIFIER’S SIGNATURE

**Please return as soon as possible, but no later than 21 days to:**

IFG Assistance Officer

Division of Homeland Security & Emergency Management

P.O. Box 5750

JBER, AK 99505-5750

FAX: 907-428-7009

**If you have any questions or need additional information, please call toll free 1-800-478-2337.**