

OWNER'S CERTIFICATE OF NO DISPLACEMENT

Name of Project: _____ Lakewood HOME Program _____

Current Property Owner(s): _____

Current Owner(s) Address: _____

RE: Property Address: _____

At the time of sale was this property: ___ Owner Occupied ___ Vacant ___ Tenant Occupied

PART 1: TO BE COMPLETED IF UNIT NON-OWNER OCCUPIED OR VACANT

How Long Has Unit Been Vacant: _____

Current or Previous Tenant(s): _____

Current Address of Tenant: _____
(If Known) _____

Date Moved: _____

Reason for Move (if known): _____

Owner Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

NOTE: Retain copy of signed letter and submit original to the City of Lakewood, Division of Community Development, 12650 Detroit Avenue, Lakewood, Ohio 44107, ATTN: Jim Blocksidge, Program Coordinator (529-4663). Thank you.