

This instrument prepared by:

AFFIDAVIT

**STATE OF FLORIDA
 COUNTY OF ALACHUA**

I, _____, being first duly sworn to oath, do hereby affirm that I reside

at _____ with the following residents/occupants/roommates:

• Physical address of affiant's residence/dwelling unit

(2) _____ Relationship to affiant
 Legibly print FULL NAME of affiant's roommate

(3) _____ Relationship to affiant
 Legibly print FULL NAME of affiant's roommate

(4) _____ Relationship to affiant
 Legibly print FULL NAME of affiant's roommate

I declare that this list is all-inclusive and there are no other residents, occupants, or roommates living or residing in the aforementioned dwelling unit.

I declare that I have read the paragraph below titled "Over-Occupancy" and understand that allowing more than three (3) unrelated persons to occupy a single-family dwelling, in the zoning district where I reside, is a violation of the City of Gainesville Code of Ordinances.

Over-Occupancy: *Certain designated districts within the corporate limits of the City of Gainesville, Florida, are in many cases being plagued by violation of limitation as to single-family occupancy. The number of persons occupying a dwelling, if increased above three (3) unrelated persons, is detrimental and hazardous to the public health, welfare, safety, and morals of the citizens of this community. The result of more persons occupying a dwelling than is permitted is a public nuisance and causes deterioration of the surrounding property values. It shall be unlawful for any person, lessor, tenant, lessee, occupant, landlord, sublessee, owner, individual, firm or corporation to enter into any agreement, contract, lease or sublease which provides for, permits, allows, contemplates or facilitates occupancy of any single-family dwelling by more than three (3) unrelated persons. Any agreement, contract, lease, or sublease, which provides for, permits, allows, contemplates or facilitates such occupancy by more than three (3) unrelated persons is unlawful and is hereby declared to be contrary to public policy.*

This statement may be part of an official proceeding which may be heard, before a legislative, judicial, administrative, or other governmental agency or official authorized to take evidence under oath, including any referee, general or special magistrate, administrative law judge, hearing officer, hearing examiner, commissioner, notary, or other person taking testimony or a deposition in connection with any such proceeding. According to Florida Statutes, whoever makes a false statement, which he or she does not believe to be true, under oath in an official proceeding in regard to any subject, regardless of its admissibility under the rules of evidence, which could affect the course or outcome of the proceeding, commits a felony of the third degree.

Under penalties of perjury, I do hereby affirm that the aforementioned statement is true and accurate to the best of my knowledge and belief.

 Signature of Affiant

Dated _____, 20____

**STATE OF FLORIDA
 COUNTY OF _____**

Sworn to and subscribed before me this _____ day of _____, 20____, by
 _____ Personally Known or Produced ID: _____
 (Name of affiant)

(Notary Seal)

 Signature of Notary Public