



DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280

PHOENIX, ARIZONA 85007

(602)771-1000 WWW.HOUSING.AZ.GOV FAX: (602) 771-1002

CERTIFICATE OF QUALIFYING PARTY

PLEASE TYPE OR PRINT:

FULL NAME: _____

(DATE OF BIRTH)

ADDRESS: _____
(RESIDENCE ADDRESS)

(CITY, STATE, ZIP CODE)

(PHONE NUMBER)

BUSINESS NAME: _____

CLASSIFICATION: _____

I HEREBY CERTIFY THAT I have been appointed to act as the QUALIFYING PARTY for the above-named license issued by the Department of Housing as QUALIFYING PARTY. I am a bona fide owner, corporate officer, member, partner; employee (underline one) of the above-named license. I assume full responsibility for compliance with the provisions of Arizona Revised Statutes, Title 41, Chapter 37, Articles 3 and 4, and the Rules and Regulations adopted pursuant thereto by the Department of Housing. If for any reason I become disassociated or cease to be the QUALIFYING PARTY for the above mentioned licensee, I will within (5) days notify the Department of Housing in writing.

1. Are you presently acting or have you previously acted on a license in the capacity of Qualifying Party in this or any other State? Yes No
2. Have you had a license refused or revoked within the past twelve months? Yes No
3. Have you been convicted of a felony in any state or federal jurisdiction or have you ever had a final judgement brought against you in a civil action on grounds of fraud, misrepresentation, or deceit? Yes No

NOTE: A yes answer to any of the above requires you to provide details.

I HEREBY CERTIFY under penalty of perjury that the foregoing is true and correct, and vouch for the truth and accuracy of all supplementary statements, answers and representations attached hereto and made a part of this application.

SIGNATURE: _____
(Qualifying Party)

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20__

My Commission expires _____ Notary Public _____