



**AFFIDAVIT  
DEPENDENT RELATIVE CIRCUMSTANCES  
(THIS STATEMENT MUST BE NOTARIZED)**

**FILE NO.:** \_\_\_\_\_

**STATE OF WASHINGTON                    )**  
**COUNTY OF SPOKANE                    )**

Owner/Tax Payer: \_\_\_\_\_

Care Provider: \_\_\_\_\_

Dependent Relative(s): \_\_\_\_\_

I, \_\_\_\_\_ (Print name), being duly sworn on oath deposes and says:

1. I am the owner of  or care provider  (check one) living on the following property:

Assessor's Tax Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. I seek to extend or apply for the Dependent Relative Permit for: (print full name(s))

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. The name of the person(s) living in the temporary manufactured home is: \_\_\_\_\_

\_\_\_\_\_

This person(s) is authorized to live in the manufactured home:  YES  NO

4. The present circumstances that make the "dependent relative," named above, dependent upon the related "care provider" is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. In my opinion, the above dependent relative(s) continue to be physically or mentally incapable of caring for themselves and/or their property:     YES     NO

6. I understand that the manufactured home must be removed once dependent care is no longer required for the “dependent relative” on this property. I further understand that the manufactured home cannot be rented or used by anyone other than authorized by the Dependent Relative Permit and that only one dwelling is allowed without a Dependent Relative Permit.

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
**SUBSCRIBED** and sworn before me

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_\_\_\_

Notary Public in and for the State of Washington

My appointment expires \_\_\_\_\_