



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

FILE NO.: _____

STATE OF WASHINGTON)
COUNTY OF SPOKANE)

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

1. I am the owner of, contract purchaser of, or care provider (circle one) living on the following property:
Assessor's Tax Parcel Number(s) _____

Legal Description: _____

2. I seek to extend the Dependent Relative Permit for _____
_____ (print full name(s) of dependent relative(s))

I am related to the Dependent Relative (or care provider) as follows: _____

3. The name of the person(s) authorized by the Dependent Relative Permit to live in the temporary
manufactured home is: _____
_____ (print full name(s))

This person is a dependent relative(s) or a care provider (circle one), as authorized in the Dependent
Relative Permit.

4. The person(s) living in the temporary manufactured home is / is not (circle one) authorized by the
Dependent Relative Permit.

The name(s) of person(s) living in the manufactured home at this time (that are different from the
individuals(s) authorized by the Dependent Relative Permit) are: _____

These people are related to the dependent relative as follows: _____

5. The present circumstances that make the “dependent relative,” named above, dependent upon the related “care provider” is: _____

6. In my opinion, the above dependent relative(s) continue to be physically or mentally incapable of caring for themselves and /or their property:(circle one) YES NO
7. 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.

Phone Number

Print/Type Name

Signature

Address

City and State

Zip Code

SUBSCRIBED and sworn before me

This ____ day of _____, 200__

Notary Public in and for the State of Washington

My appointment expires _____