

SAFE DEPOSIT BOX CERTIFICATION

Household Name: _____

Date: _____

Property Name: _____

Unit # (if assigned): _____

The contents of my Safe Deposit Box are as follows:

(Please specify what kind of papers and give specific details of other items in the box.)

ITEM	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease agreement.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date