

## CLEANING/PAINTING AFFIDAVIT

Owners name(s) \_\_\_\_\_

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

\_\_\_\_\_

Phone number(s) \_\_\_\_\_

Unit # \_\_\_\_\_ email address: \_\_\_\_\_

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Please circle:    Full time resident                      Part-time resident                      Rental

If this is a rental, please provide renters contact information: (phone# and email addy)

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**A homeowner's insurance certificate should be turned into the Delwood office on an annual basis. If you have not turned one in for this year, please do so as soon as possible.**

**INSURANCE:** Article XI of our recorded Covenants and Restrictions requires each owner to have adequate hazard (fire and other hazards) insurance on each unit and flood insurance if applicable. The insurance coverage must be for the full replacement value of the townhouse. This protects the value of all owners, as it makes sure that if a unit is destroyed, there will be funds available to rebuild. So that the Board of Directors will know that proper insurance is in place, each homeowner must furnish the Board with a Certificate of Insurance (available from your insurance agent) or a copy of the declarations page of your Homeowners' Insurance Policy (the page showing the coverage and expiration date). **This is an annual requirement** and as you renew your policy, the new information should be given to the Community Association. Your insurance agent can email it to [Delwoodestates@knology.net](mailto:Delwoodestates@knology.net)

Have you turned your most recent insurance certificate into the office? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have Hardie Board on your unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

This is to certify that I have had the exterior of my unit and the fence cleaned, repaired & painted according to the Delwood Estate's guidelines.

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

\*\*\*The homeowner is the only one who can complete this form. The person who you contract to do the work, cannot complete the form. \*\*\*\* Please contact the office with any questions.