



# Loudoun County, Virginia

www.loudoun.gov



Department of Family Services  
P.O. Box 7400, Leesburg, VA 20177-7400  
(703) 777-0353 • Fax: (703) 737-8411  
To Report Child Abuse and Neglect (703) 771-KIDS

May 1, 2019

Client(s) Name (Print): \_\_\_\_\_

Client(s) Address (Print): \_\_\_\_\_

Client(s) E-mail (Print): \_\_\_\_\_

Client(s) Daytime Phone #: \_\_\_\_\_

## Loudoun County Affordable Dwelling Unit (ADU) Program Anniversary Affidavit

The original affidavit form must be returned to the Department of Family Services. Copies will NOT be accepted.

On \_\_\_\_\_, I (we) purchased a home in the County of Loudoun located at \_\_\_\_\_  
in the subdivision named \_\_\_\_\_  
utilizing the ADU Program.

As of the date of signature(s) below, I (we) hereby certify that I (we) have **NOT** sold, leased or deeded the property to another party. If you have sold, leased or deeded the property to another party, please attach a letter of explanation and any supporting documentation to this completed affidavit and return it to the address at the top of this form:

In addition, as of the date of signature(s) below, I / (We) hereby certify that I / (we) continue to occupy the aforementioned property as my / our primary domicile.

If you have refinanced your home since your initial purchase, please provide the balance of all outstanding loans secured by the property. \$\_\_\_\_\_. If you have **NOT** refinanced since you purchased the home, write "NA" next to the dollar sign.

**This property is an Affordable Dwelling Unit (ADU); and as such, is subject to the requirements listed on your recorded Covenants. For more information on the Covenants and Ordinance requirements on the resale of the property please visit our website at [www.loudoun.gov/adu](http://www.loudoun.gov/adu) under the ADU Purchase Program section entitled "Covenants and Ordinance Information"**

**I hereby certify under penalty of perjury that all of the information contained in this document is true and correct to the best of my knowledge. I understand and acknowledge that making false statements on this document is a violation of Virginia Code § 18.2-434 and may be prosecuted as such.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

### NOTARY

City / County of \_\_\_\_\_, Commonwealth of Virginia

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

By \_\_\_\_\_ Notary Public

Reg # \_\_\_\_\_ Commission Expires \_\_\_\_\_