

**CERTIFICATION  
NO CDC DECLARATION RECEIVED**

Please complete this certification only if you have not received a CDC Declaration from the Residents. Please return this form the Tschetter Sulzer, P.C. with any demand that you send for filing.

As of the date below, the undersigned Landlord/Agent for Landlord has not received a CDC Declaration from the Residents at the Property located at:

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

Resident Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Signature of Landlord/Agent for Landlord: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_