

STATE OF NEW MEXICO COUNTY OF

BUILDER/INSTALLER SWORN STATEMENT HOME FIRE RECOVERY INCOME TAX CREDIT Construction Industries Division Manufactured Housing Division

TAXPAYER:	
Name:	_
Address:	
Phone:	_
Email:	-
	FACTURED HOUSING DEALER/INSTALLER:
Name:	
Address:	
License Number:	
Phone:	
Email:	-
I,	, do hereby declare under oath that:
1. I,	, am the
builder/dealer/installer who	contracted with
	, to build/install a manufactured or
modular home at the proper	ty located at:
2. The home/building was co	ompleted/installed on .





3. I have received	full payment for the construction/installation work
performed.	
4. A certificate of	occupancy/passed installation inspection was obtained
on	
5. I understand th	nat this sworn statement is made for the purpose of the
Home Fire Rec	overy Income Tax Credit Application.
	nation provided in this sworn statement is true and my knowledge and belief.
	Print Name-Contractor/Manufacturer Dealer/Installer
	Sign
Γhis Affidavit was subs	scribed and sworn to before me on
, 202	2, by
	Notary Public
My commission expire	es:

