



Affidavit Regarding Medical Hardship Manufactured Home Permit

I, _____ am the applicant for a medical hardship
manufactured home permit number _____ and I hereby certify that:

1. The temporary dwelling is necessary to provide daily care defined in Chapter 21A.06.262 of the King County Code (KCC) as: medical procedures, monitoring and attention that are necessarily provided at the residence of the patient by the primary provider of daily care on a 24-hour basis.
2. The primary provider of such daily care will reside on-site.

I acknowledge and understand that:

1. The manufactured home is temporary in nature and must be removed within 90-days of the permit expiring or when daily care is no longer required;
2. the permit must be extended on an annual basis; and
3. an updated physician's letter must be submitted each time the permit is extended.

I have attached a statement from the physician certifying that a resident of the property requires daily care as defined in the [King County Code](#), Chapter 21A.06.262.

Signed X _____ Date _____

Subscribed and Sworn to, before me _____ day of _____, _____

Signature

NOTARY PUBLIC in and for the State of Washington

residing at

NOTARY SEAL OR STAMP