Office use only
Bidder No.

$25.00
Registration fee

_____
Name(s) as it should appear on Deed or Bill of Sale

_____
Street / P.O. Box

_____
City / State / Zip

_____
Phone E-mail Address

_____
Contact Person (for company, corp. or business)

_____
Officers, Owners, Members or Managers of the Company

AFFIDAVIT OF BIDDER-UPSET SALE

COMMONWEALTH OF PENNSYLVANIA)
) SS:
COUNTY OF LEBANON)

I, _____having been duly sworn according to law depose and say as follows:
Print Name

1. I am over the age of eighteen (18).

2. Pursuant to Section 619.1 of the Real Estate Tax Sale Law, 72 P.S. Section 5860.619.1, I hereby certify to the Lebanon County Tax Claim Bureau that I or the entity I represent are not delinquent in paying real estate taxes to any of the taxing districts located in Lebanon County PA, and the Commonwealth of PA. And that I or the entity that I represent have no municipal utility bills that are more than one year outstanding.

3. Pursuant to Section 618 of the Real Estate Tax Sale Law, 72 P.S. Section 5860.618, I hereby certify that I am not the owner, nor the entity that I represent is not the owner, of the property(s) that I will be bidding on. I further certify that I am not a partner or shareholder of the owner of the property(s) I am bidding on, nor am I in any of the following legal relationships with the owner, trust, partnership, corporation or any other business association.

4. Pursuant to Section 601 (d) of the Real Estate Tax Sale Law, 72 P.S. Section 5860.601 (d), I hereby certify that I have not had a landlord license revoked in any municipality within the County of Lebanon, and I further certify that I am not bidding for, or acting as an agent for a person whose landlord license has been so revoked.

5. I hereby certify that I have not engaged in or permitted an uncorrected housing code violation, failed to maintain property in a reasonable manner such that the property posed a threat to health, safety or property, or permitted the use of property in an unsafe, illegal or unsanitary manner such that the property posed a threat to health, safety or property.

The undersigned verifies that he/she has read this Affidavit and that the facts contained therein are true and correct to the best of his/her information and belief. This verification is made subject to the penalties of 18 PA C.S. Section 4904, relating to unsworn falsification to authorities.

Signature_____ Date_____

Before me, the undersigned notary public, this day, personally appeared_____
to me known, who being duly sworn according to law, deposes the aforesaid,
Subscribed and sworn to before me
this_____day of_____,20_____

_____
Notary Public