



Certificate of Need Program
P.O. Box 47852
Olympia, Washington 98502-7852

Nursing Home Bed Replacement or Renovation Authorizations Sample Affidavit

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SAMPLE

STATE OF WASHINGTON
COUNTY OF _____

Affidavit of **Name of Person Here**

_____, being first duly sworn, on oath deposes and says:

1. I am (this paragraph tells who you are and what you related to the project for which you are doing the affidavit. For example, you would give your job title, description, etc., and how long you have been in that position and why you are qualified to give this information.)

2. (This paragraph is broken down into paragraphs telling what you need to provide to the department for the Replacement Authorization.)

3. (This paragraph must be included in the affidavit)

As the current licensee of the facility to be replaced or renovated, **I understand that:**

- I must be the licensee at the replaced or renovated facility;
- The project cannot be completed if I do not intend to be the licensee at the replaced or renovated facility; and
- If the building owner does not have a secured interest in the beds, the building owner has been notified and understands that they cannot complete the project if I, as the licensee, am unable to complete the project.

Date: _____ Signature: _____

SUBSCRIBED AND SWORN before me this _____ day of _____, year

NOTARY PUBLIC in and for the State
of Washington, residing at _____
My commission expires: _____

*(Must have notary
seal affixed to document)*