

**Affidavit
Of
Non-collusion**

We,

_____ (Full Name of APPLICANT Making Sworn Statement) of _____ (Address of APPLICANT Making Sworn Statement), being of legal age (hereinafter APPLICANT),

And

_____ (Full Name of OWNER of property(ies) Making Sworn Statement) of _____ (Address of Owner Making Sworn Statement) being of legal age (hereinafter OWNER),

Understand the obligation to tell the truth in applying for tax compromise and understand there may be legal and financial penalties for knowingly making false statements or negligently omitting important facts and do hereby depose and say under oath as follows:

1. We make this affidavit for no improper purpose.
2. We have a written, executed agreement for the sale of real estate in the Borough of Wilkinsburg.
3. The aforementioned Agreement was made at arms-length and includes a bonafide purchase price for the property(ies).
4. APPLICANT and OWNER are not related through business, investment or family.
5. APPLICANT and OWNER do not share any financial interests as follows:

A. Financial Interest: APPLICANT and OWNER share a financial interest if they have, directly or indirectly, through business, investment, or family:

(i) An ownership or investment interest in any entity with which they have a transaction or arrangement,,

(ii) A compensation arrangement with one another above and beyond the purchase of the property(ies) to be tax compromised or with any entity or individual with which the APPLICANT or OWNER has a transaction or arrangement, or

(iii) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which either APPLICANT or OWNER is negotiating a transaction or arrangement. For purposes of this Affidavit, "compensation" includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

5. The aforementioned Agreement for the sale and purchase of property(ies) was not entered into solely for the purpose of obtaining the compromise of taxes.

Witness our hand under the penalties of perjury _____
(Date of Statement)

Signature Of First Deponent

Signature Of Second Deponent

Commonwealth of Pennsylvania
COUNTY OF Allegheny

On _____ before me, _____;

Personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose name are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.

Signature