

**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES**

I, \_\_\_\_\_, hereby certify that I own the real estate located  
(Name of Applicant/Recipient)

at \_\_\_\_\_  
(Street Address) (City) (State and Zip Code)

Further, I certify that his real estate is my principal residence; and that I intend to return to live in this real estate at an appropriate time in the future.

I own the above listed real estate: (Please Check One)

- Solely                       Jointly  
 Tenants in Common       Life Estate

I understand and agree that it is my responsibility to inform the Department of Human Services immediately (within ten (10) days) of any change in my ownership of this real estate.

I also agree to inform the Department of Human Services of any change in my intent to return to live in the above listed real estate.

\_\_\_\_\_  
Applicant/Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date