



Chatham County ~ Department of Building Safety & Regulatory Services  
Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161  
Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406  
Office: 912-201-4300 | Fax 912-201-4301 | <https://buildingsafety.chathamcountyga.gov/>

## Short Term Rental Homeowners Association Affidavit

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, first being duly sworn, I,

\_\_\_\_\_, agree with this affidavit, relating to the Short Term  
(Property Owner's Name)

Rental located at: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

The above Short-Term Rental will be conducted according to **Chatham County Short Term Rental Ordinance, Article XIII, Section 16-1304, Qualifications / Requirements of Property Owners to Receive a License**. Which states, each property or rental unit subject to this ordinance shall qualify for a license when all the conditions in the Short-Term Ordinance have been met, including the flowing:

1. I attest that the Homeowners Association has approved the above-listed dwelling unit to be used as a short-term rental.
2. I hereby certify that the information supplied in this form is true and complete, and hereby authorize Chatham County Department of Building Safety and Regulatory Services and all other authorized county officials to make all necessary inquiries to verify its accuracy.
3. Any fraud, misrepresentations, false statements or other attestations that are untrue shall be grounds for immediate revocation of the short-term rental license.

☐ I attest that I am not require any approval from my Homeowners Association for the proposed dwelling in question to operate as a short-term rental.

\_\_\_\_\_  
Signature of Applying Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public