



Arizona Department of Real Estate (ADRE)
Enforcement & Compliance Division

www.azre.gov
100 North 15th Avenue, Suite 201, Phoenix, Arizona 85007

DOUGLAS A. DUCEY
GOVERNOR

JUDY LOWE
COMMISSIONER

COMPLIANCE AFFIDAVIT
(Property Management Respondent Notarized) (COM-103)

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_
Print Name of Respondent

Consent Order Number: \_\_\_\_\_ Consent Order dated: \_\_\_\_\_
i.e. =yearF-DI-000 Commissioner's Signature Date

I, \_\_\_\_\_, hereby affirm that since the entering of the above Consent Order:

\_\_\_\_\_ I have complied with all of the terms and conditions set forth in the above Consent Order.
Initials

\_\_\_\_\_ I have not violated any provision of the Title 32, Chapter 20 of the Arizona Revised Statutes.
Initials

\_\_\_\_\_ I have not violated any provision of the Title 4, Chapter 28 of the Arizona Administrative Code (Commissioner's Rules).
Initials

Property Management Activity

Number of trust accounts maintained: \_\_\_\_\_

I have reviewed and approved the monthly bank account and trust account reconciliations.

My trust account(s) is/are in balance; if not enter amount: Overfunded \$\_\_\_\_\_ Underfunded \$\_\_\_\_\_

Number of employees involved in property management activities: \_\_\_\_\_ licensed \_\_\_\_\_ non-licensed

Number of clients:

End of last period \_\_\_\_\_ End of current period \_\_\_\_\_ Change \_\_\_\_\_

Number of properties managed:

End of Last period \_\_\_\_\_ End of Current period \_\_\_\_\_ Change \_\_\_\_\_

Have you received a complaint from any client(s) alleging failure to remit monies due? No \_\_\_\_\_ Yes \_\_\_\_\_

(if yes explain on a separate page)

Describe any changes in your property management business: \_\_\_\_\_

I declare under the penalty of perjury that the above statements are true. Original form must be maintained for 5 years.

Respondent's signature Date

State of Arizona

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

My commission expires: \_\_\_\_\_ Notary Public

\*For more information or questions visit www.azre.gov