



## MEDICAL CANNABIS FACILITY APPLICANT ANNUAL PERSONAL NET INCOME ATTESTATION FORM

I/we declare, certify, verify, attest or state under penalty of perjury that the below are the owners of the proposed medical cannabis facility and each have an annual personal net income that does not exceed \$349,999.

I/we declare, certify, verify, attest, or state under penalty of perjury that this application and the supporting documents, including this attestation form, are true and correct to the best of my/our knowledge and belief. Pursuant to DC Official Code § 22-2402, any person convicted of perjury shall be fined not more than \$5,000 or imprisoned for not more than 10 years, or both.

I/we understand that any fraud or misrepresentation contained on my application shall be grounds for automatic rejection or denial of the application. I/we also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application.

---

Owner First and Last Name	Title	% of Ownership
---------------------------	-------	----------------

---

Owner Signature	Date
-----------------	------

---

Owner First and Last Name	Title	% of Ownership
---------------------------	-------	----------------

---

Owner Signature	Date
-----------------	------

---

Owner First and Last Name	Title	% of Ownership
---------------------------	-------	----------------

---

Owner Signature	Date
-----------------	------

---

Owner First and Last Name	Title	% of Ownership
---------------------------	-------	----------------

---

Owner Signature	Date
-----------------	------

---

Owner First and Last Name	Title	% of Ownership
---------------------------	-------	----------------

---

Owner Signature	Date
-----------------	------