



Texas General Land Office
Community Development and Revitalization
Intake Beneficiary Application

Event Type:
 Year of Event:
 Date/Time Received:
 Subrecipient:
 Contract #: 18-544-000-B291

All Blanks Must be Completed or Indicated with "N/A"

1. APPLICANT INFORMATION:

Applicant Name:
 Street Address:
 City/State/Zip: County:
 Email Address: Home Phone:
 Cell Phone:

Name and Contact Information of Nearest Relative:

2. CO-APPLICANT INFORMATION: (if applicable)

Applicant Name:
 Street Address:
 City/State/Zip: County:
 Email Address: Home Phone:
 Cell Phone:

Name and Contact Information of Nearest Relative:

3. ELIGIBILITY INFORMATION: Please answer the following questions:

Which disaster event(s) affected you and/or your residence? 2016 Flood DR-4272
 Were you the owner of the residence on the date of the disaster event?
 Was the damaged property the homeowner's primary residence on the date of the disaster event?
 Was the damaged property covered under homeowners' insurance?
 Did you register with FEMA for repair assistance for structural damage to your home?
 Have you ever received any other assistance for the repair or rehabilitation of your home?

4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List all current members of the household and any additional household members anticipated within the next 12 months.

Member Name	Marital Status Head of Household Only	Relationship to Head of Household Head of Household	Date of Birth	Gender

Total Number of Household Members:

5. INCOME INFORMATION (COPY OF PREVIOUS YEAR TAX RETURN): To determine if you are eligible for funding for a specific housing program, all listed occupants over the age of 18 must provide a copy of their previous tax return. Subrecipients will refer to the GLO's IRS FORM 1040/Adjusted Gross Income (AGI) Method Calculation Policy to determine a beneficiary's household income.

6. DIRECT BENEFIT DATA BY HOUSEHOLDS (DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION):

Ethnicity Codes:

A - Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.
 B - Not Hispanic

Race Codes:

A - White	F - American Indian/Alaska Native/White	J - Other Multi-Racial
B - Black/African American	G - Asian/White	K - Unknown
C - Asian	H - Black/African American/White	
D - American Indian/Alaskan Native	I - American Indian/Alaska Native/Black-African American	
E - Native Hawaiian/Other Pacific Islander		

Special Needs Codes:

A - Elderly	C - Colonia Resident	F - Public Housing Resident
B - Person with Disabilities*	D - Homeless	G - Veteran
	E - Migrant Farm Worker	H - Wounded Warrior

*Disability Definition: A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

	Ethnicity Code	Race Code	Special Needs Code(s)
1(Head)			
2			
3			
4			
5			
6			

7. DAMAGED RESIDENCE INFORMATION: Please indicate the type of structure for the property:

Single Family Home Modular Home Townhome Manufactured Housing Unit Other:

Address:

City, State, Zip:

Please answer Yes, No or N/A to the following questions:

Are you currently living at the damaged residence?	
Is the property in the floodplain?	
If you are seeking assistance for a manufactured housing unit, do you own the land?	
Does the manufactured housing unit have a valid Statement of Ownership and Location (SOL) filed with the Texas Department of Housing and Community Affairs?	
Are there any other names on the deed for the damaged property?	
Have you had property foreclosed upon or are you in the process of foreclosure?	
Does the damaged property have any liens?	
Are you current or in good standing with a payment plan on your property taxes?	
If you are required to pay child support, are you current on your payments or in good standing with a payment plan?	

Please answer the following questions:

Are you applying for the reimbursement program?	Not Available
If you answered yes above, please indicate the amount you are seeking for reimbursement:	\$ 0

8. HOUSING ASSISTANCE RECEIVED PREVIOUSLY:

Have you applied for any storm-related assistance for damage to your home from any source (local, state, federal, private)? If yes, proceed with this section.

Source	Amount	Date Received	Account Number
1. FEMA: Federal Emergency Management Agency			
2. SBA: Small Business Administration			
3. Insurance: Hazard, Wind, Flood			
4. Other Describe:			
Have you received assistance from any federal program to repair your home PRIOR to this event?			
List the names of the programs (e.g., HOME, CDBG, GLO/FEMA etc.):			

9. APPLICANT CERTIFICATION:	
I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery (CDBG-DR) Program.	
I/We hereby certify that all the information provided herein is true and correct.	
I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.	
Applicant's Authorization:	
I authorize the entity to which I am applying for assistance to obtain information about me and my household that is pertinent to determining my eligibility for participation in the CDBG-DR Program. I acknowledge that:	
<ul style="list-style-type: none"> (1) A photocopy of this form is as valid as the original; AND (2) I have the right to review information received using this form; AND (3) I have the right to a copy of information provided to the entity and to request correction of any information I believe to be inaccurate; AND (4) All adult household members will sign this form and cooperate with the eligibility verification process. (5) I understand that my documents may become electronically permanent. 	
<i>WARNING: By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</i>	
Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

10. ELIGIBILITY RELEASE:

Subrecipient:

Contract Number:
18-544-000-B291

Name:

Address:

Instructions to Applicant: Your signature on this *Eligibility Release*, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named Subrecipient to obtain information from a third -party regarding your eligibility and continued participation in the:

Community Development Block Grant Disaster Recovery (CDBG-DR) Program

Privacy Act Notice Statement: The Texas General Land Office (GLO) or Subrecipient named above require the collection of the information listed in this form to determine an applicant's eligibility for the CDBG-DR Program. This information will be used to establish the level of benefits for which the applicant is eligible to receive and to verify the accuracy of the information furnished. Information received from an applicant as a result of verifying an applicant's eligibility may be released to the appropriate federal, state, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval.

Each adult member of the household must sign this Eligibility Release prior to the receipt of benefits to establish continued eligibility.

Note: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.

Information Covered: Inquiries may be made about items initialed below by the applicant.

Description	Verification Required	Initials of Applicants
Disaster Assistance (FEMA, SBA, Insurance, etc.)	X	
Income (all sources)	X	
Occupancy Preference (Special Needs) (if applicable)	X	
Child Support Verification	X	
Other (list): Dependent Information:	X	
Full-time Student		
Disabled Household Member		
Minor Children	X	

WARNING:

By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Any person who knowingly makes a false claim or statement to Housing and Urban Development (HUD) may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully makes false or fraudulent statements to any department of the United States Government.

Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

PLEASE PROVIDE ALL APPLICABLE DOCUMENTS LISTED BELOW TO ENSURE THAT YOUR APPLICATION WILL BE PROCESSED IN AN EXPEDITED MANNER.

- Completed Housing Intake Application.
- Properly executed Eligibility Release Form.
- FEMA Award/Denial Letter.
- Small Business Administration (SBA) Award/Denial Letter.
- Private insurance letter (If you did not have private insurance, a written, signed and dated statement indicating that you had no private insurance will be acceptable).
- Letter or announcement from an "Other" award received for the repair or replacement of your damaged home, e.g., non-profit, donation grant, etc.
- Copy of the applicant's driver's license (or a state-issued photo ID).
- Deed in applicant's name.
- Copy of receipts, in applicant's name, for the home repairs that have been made to the damaged property.
- IRS Income Tax Documents for all individuals that live at the property and that are over the age of 18.
- Property tax records including latest payment of property taxes or payment plan documentation from the applicable county appraisal office. Ensure the list of exemptions are listed for your home (ex: Homestead Exemption).
- Utility bill in the applicant's name at the time of the disaster event.
- Child support documentation (If applicable).
- SOL documentation (If applicable).

You can submit completed applications and necessary documents at the intake session at 9:00 AM on January 8th in the Brazoria County East Annex Building.

Or via email:

tanya@grantworks.net

Or via mail:

GrantWorks, Inc Brazoria HAP

2201 Northland Dr.

Austin, TX 78731



Texas General Land Office
Community Development and Revitalization
Form 11.05

**Homeowner Certification and Agreement to Participate
in the CDBG Disaster Recovery Program**

Homeowner Certification and Agreement to Participate in the CDBG Disaster Recovery Program		
Subrecipient or State Representative's Name:	Contract and/or WO: 18-544-000-B291	
Applicant Name:	Co-Applicant Name:	
Applicant Address:		
Building Contractor Name:		
Building Contractor Address:		
Phone:	Cell:	Email:

1. I certify that I am the owner of the home located at the above-referenced address (not applicable for Homebuyer Assistance Program).
2. As the homeowner, I acknowledge I am responsible for completing and returning all required documentation to the Subrecipient or the State Representative within the time period stated on the application materials. Required documentation will include, but is not limited to, a completed Intake Application, proof of income, and proof of homeownership (if applicable). If I fail to provide these documents in a timely manner, or if I fail to respond to any inquiries made by the Subrecipient or State Representative regarding my application for assistance, I may be disqualified from participating in this program and receiving benefits, or I may have to reapply and, consequently, my original submission date is no longer effective.
3. As the homeowner, I acknowledge I am responsible for completing and returning all required documentation to the Subrecipient or the State Representative within the time period stated on the application materials.

If I fail to provide these documents in a timely manner, or if I fail to respond to any inquiries made by the Subrecipient or State Representative regarding my application for assistance, I may be disqualified from participating in this program, or I may have to reapply and, consequently, my original submission date is no longer effective.

4. I understand the funding limitations of the Program and have been informed of the services I may be eligible to receive. I understand a thorough review of my application may result in one of the following recommendations:
 - REHABILITATION** – Repairs are made to the existing home to eliminate deficiencies. The homeowner may be required to make arrangements for relocation while the rehabilitation takes place.
 - RECONSTRUCTION and NEW CONSTRUCTION** – Due to excessive construction deficiencies which cannot be repaired or rehabilitated sufficiently to meet required minimum property standards, the existing structure will be demolished and replaced with a newly constructed home. Reconstructed and newly constructed homes must comply with the International Residential Code (IRC) standards. The homeowner will be required to make arrangements for relocation while the reconstruction or new construction takes place.
 - BUYOUT** – The homeowner's property (voluntary or involuntarily) is purchased by the Subrecipient to reduce risk from future flooding or to reduce risk from the hazard that led to the property's Disaster Risk Reduction Area.
 - HOMEBUYER ASSISTANCE PROGRAM** – The applicant receives assistance to purchase a property in the Subrecipient's or local jurisdiction.

REIMBURSEMENT PROGRAM – The applicant receives reimbursement for repairs to their property that were incurred prior to the date of application.

DEMOLITION PROGRAM – The clearance and proper disposal of dilapidated buildings and or structures.

WALK AWAY – A “walk away” results when the required repairs are estimated to exceed the program's previously established budget or funding limitations, or when either the Subrecipient / State Representative or homeowner elect not to allow repair, rehabilitation, or reconstruction of the home.

5. I understand I will be responsible for obtaining and maintaining hazard insurance, flood and/or windstorm insurance, if applicable, following the completion of assistance as required by law.
6. I have reviewed all contractual materials in coordination with my case worker and fully understand all standards, specifications, work write-ups, cost estimates, and/or required documentation prior to signing this “Homeowner Certification and Agreement to Participate in the CDBG Disaster Recovery Program” (Form 11.05).
7. **FOR RECONSTRUCTION, NEW CONSTRUCTION or REHABILITATION ONLY:**
 - a. Any items not specified in writing (such as the type of materials and colors) are not part of this agreement. The scope of services to be provided was discussed with me in a conference, at which time I received documentation of all materials and specifications to be used in construction as stated in the “Work Write-Up/Cost Estimate” (Form 11.17) and agreements. I have reviewed, approved and signed the “Work Write-Up/Cost Estimate” (Form 11.17).
 - b. I understand it is my responsibility to arrange access to the home for the Building Contractor, inspectors, and workers performing construction or repair services to the home. Following completion of the construction, the home will continue to be accessible for completion of punch list items and warranty work. If reasonable and timely access is denied to a Building Contractor or inspector who is attempting to make a good faith effort to make or inspect required repairs, I will become responsible for completing the repairs at my expense.
 - c. I understand that the security of the property, household goods, and personal items is my responsibility and that I may be required to move and/or store personal property at my expense. If personal property is damaged, displaced or lost during the construction or inspection of the property, I will immediately report the situation to the Subrecipient / State Representative, but it will be my responsibility to pursue damages for any losses through my insurance provider. I will complete photographic and written inventory of my possessions prior to the beginning of construction activities.
 - d. During repair, rehabilitation, reconstruction, or new construction, I will not touch, disturb, move, or otherwise affect the construction areas, tools, materials and/or equipment belonging to the Building Contractor. I will make a reasonable effort to stay away from the construction zone.
 - e. I will provide all existing utilities for use by the Building Contractor only as they relate to the rehabilitation, reconstruction, or new construction of the home. I am responsible for continuous maintenance and payment of existing utilities.
 - f. I will review each “Contractor’s Request for Payment” form (Form 11.04), and I will make a reasonable effort to inspect each item that the Building Contractor submits for payment prior to approving the payment request. By signing the “Contractor’s Request for Payment” form (Form 11.04), I am verifying that to the best of my knowledge and belief each of the listed repair items has been completed according to the required standards and specifications. If I am not satisfied with a particular item of repair that has been presented for payment, I may delete the item(s) until such repair is satisfactorily completed. If the repair is completed according to standards and specifications, but I refuse to approve the payment request, I understand that I may be responsible for payment to the Building Contractor for any lost time. The Subrecipient / State Representative shall resolve any such conflicts.

- g. Before approving final payment, I will receive a warranty from the Building Contractor. If warranty work is required during the warranty period, I will be responsible for contacting the Building Contractor by telephone. If no contact is made by telephone, I will send a certified letter (with a return receipt) to the Building Contractor. If the Building Contractor has not responded within 30 days, I will immediately report the situation to the Subrecipient / State Representative. I will provide the Subrecipient / State Representative with copies of my receipts and letters supporting my attempt to contact the Building Contractor. If warranty issues or other complaints remain unresolved, I agree to adhere to the Program's "Complaint and Appeal Policy," including an informal conference and possibly binding arbitration.

Certification	
<p>I/We certify that I/we have read and understand this "Homeowner Certification and Agreement to Participate in the CDBG Disaster Recovery Program." I/We certify that, to the best of my/our knowledge, all required documents and materials I/we have completed and submitted for my/our application for assistance are true and correct. I/We certify that the Subrecipient or the State Representative has explained to me/us, and I/we understand the benefit options available under the Program.</p> <p>Under penalties of perjury, I/we certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this Affidavit. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.</p> <p><input type="checkbox"/> I/We choose to participate in the Program and to comply with all Program requirements.</p> <p><input type="checkbox"/> I/We choose NOT to participate in the Program or to receive any services provided and/or funded by the Program.</p>	
Printed Name of Applicant:	
Signature of Applicant:	Date:
Printed Name of Co-Applicant:	
Signature of Co-Applicant:	Date:



Texas General Land Office
Community Development and Revitalization
Right-of-Entry Release

Applicant's Information	
Subrecipient/Vendor Name:	Contract and/or WO: 18-544-000-B291
Applicant's Name:	Project #:
Co-Applicant's Name:	Address:
Project Legal Description:	
Project Type (Rehabilitation, Reconstruction, etc.):	
Right-of-Entry Release Statement	
<p>I, hereby, provide and authorize the Texas General Land Office (GLO) and each of their respective employees, vendors, and contractors, the "Right-of-Entry" in and onto the property describe above for the purpose of performing all necessary activities to carry out the CDBG-DR Program. I will confirm that the officer, official, or employee will present credentials including photo identification, and state the reason for the site visit in order to request entry.</p>	
Applicant's Acknowledgment	
<p>Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in my ineligibility to participate in Programs that will accept this Affidavit. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully making false statements to any department of the United States Government.</p>	
Applicant's Signature:	Date:
Printed Name:	
Co-Applicant's Signature:	Date:
Printed Name:	



**Texas General Land Office
Community Development and Revitalization
Notification Regarding Independent Repairs**

Project Information	
Subrecipient or State Representative: GLO-CDR	Contract and/or WO: 18-544-000-B291
Applicant Name:	Project #:
Co-Applicant Name:	Address:
Project Legal Description:	
Project Type (Rehabilitation, Reconstruction, etc.):	
<p>The subrecipient or the state's representative will perform an inspection of the property listed above prior to initiating repairs to assess the extent and type of damage sustained. This inspection will determine the benefits that are eligible in relation to the property.</p> <p>To achieve an accurate estimate of the extent and types of damages that the property has sustained, and to ensure the quality of work performed by contractors, the subrecipient/state's representative mandates that the applicant cease all repair work related to event damages for the duration of participating in this program.</p> <p>If the applicant performs independent property repair work related to the event while participating in this program, the property will be ineligible for participation and will be withdrawn from the program.</p>	
Signature(s)	
<p>Under penalties of perjury, I/we certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I/we further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this Affidavit. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.</p>	
Applicant Name:	
Applicant Signature:	Date:
Co-Applicant Name:	
Co-Applicant Signature:	Date:

**Texas General Land Office
Community Development and Revitalization
Certification of Zero Income**

This form should be completed by all adult (18 and over) household members that did not have any sources of income (listed below) for the past 12 months.

Applicant Information

Applicant Name:	
Address:	
Subrecipient/State Representative:	

Applicant Certification

I, hereby certify that:

- A. I **do not** individually receive income from **any** of the following sources:
- B. I currently **do not** have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; **AND**
- C. I will be using the following sources of funds to pay for rent, utilities, and/or other necessities:

Certification of Signature

Under penalties of perjury, I certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in my ineligibility to participate in Programs that will accept this document. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully making false statements to any department of the United States Government.

Printed Name	Signature	Date



**Texas General Land Office
Community Development and Revitalization
Affidavit of Child Support**

Applicant/Co-Applicant Information		
Applicant/Co-Applicant Name:		
Physical Address:		
City:	State: Texas	Zip Code:
State Non-Delinquency Certification — Texas Law		
Applicant certifies that he/she is not more than 30 days delinquent in the payment of child support under a valid court order and, therefore, is not barred from receiving the benefits of this grant under Section 231.006(a)(2) of the Texas Family Code. Applicant acknowledges that eligibility for assistance may be voided if this certification is false, or if delinquency is determined during the period in which assistance is being provided.		
Federal Fraud Certification — Federal Law		
Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this Affidavit. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully making false statements to any department of the United States Government.		
Acknowledgements		
I, the above-listed Applicant, certify the following:		
1) I am NOT more than 30 days delinquent in the payment of a child support obligation and am eligible to receive the benefits of this program in accordance with Section 231.006(a)(2) of the Texas Family Code.		
2) I acknowledge and understand that providing false representations herein constitutes an act of fraud and is punishable under 18 U.S.C. Section 1001.		
Signatures (Notarization Required)		
Printed Name:		
Applicant/Co-Applicant Signature:	Date:	
Before me personally appeared the person, whose signature appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this day of _____, 20_____.		
Signature of Notary		
Notary Public State of Texas — Printed Name		NOTARY SEAL
Date Notary's Commission Expires		



**Texas General Land Office
Community Development and Revitalization
Affidavit of Ownership**

Sworn Statement – Notary Required		
Applicant Information		
Applicant Name:	Co-Applicant Name:	
Physical Address:		
City:	State: Texas	Zip code:
Statement of Facts		
In the absence of a valid deed of trust, warranty deed, or Statement of Ownership and Location (SOL), by completing this Affidavit, I/we being first duly sworn, do affirm the facts presented herein are true and complete: (Select One)		
There is no other person entitled to claim any ownership interest in the property; or		<input type="checkbox"/>
Each person who may be entitled to claim an ownership interest in the property has given consent to the application or was not located after a reasonable effort. (Supporting documentation of consent and/or reasonable effort required).		<input type="checkbox"/>
Signatures (Notarization Required)		
Under penalties of perjury, I/we certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this Affidavit. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.		
Applicant Signature:	Co-Applicant Signature:	
Before me personally appeared the person, whose signature appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this _____ day of _____, 20____.		
Signature of Notary		
Notary Public State of Texas – Printed Name		NOTARY SEAL
Date Notary's Commission Expires		



**Texas General Land Office
Community Development and Revitalization
Affidavit for Principal Residency**

Sworn Statement – Notary Required		
Applicant Information		
Applicant Name:	Co-Applicant Name:	
Physical Address:		
City:	State: Texas	Zip code:
Statement of Facts		
In the absence of a homestead exemption at the time of the event, by completing this Affidavit, I/we hereby affirm that my/our principal residence was: _____ (physical address) as of the date of the event. As evidenced by:		
Utility Bill (Or letter from utility company)		<input type="checkbox"/>
Asset Verification (income tax return, credit check, etc.)		<input type="checkbox"/>
FEMA Award or FEMA DOB Information Report		<input type="checkbox"/>
Other (Driver's License, Voter's Registration Card) or other acceptable documents approved by the General Land Office.		<input type="checkbox"/>
Signatures (Notarization required)		
Under penalties of perjury, I/we certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I/we further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this Affidavit. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.		
Applicant Signature:	Co-Applicant Signature:	
Before me personally appeared the person, whose signature appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this _____ day of _____, 20_____.		
Signature of Notary		
Notary Public State of Texas – Printed Name		NOTARY SEAL
Date Notary's Commission Expires		



**Texas General Land Office
Community Development and Revitalization
Insurance Affidavit**

Project Information		
Subrecipient or State Representative's Name:	Contract No. and/or WO: 18-544-000-B291	
Applicant's Name:		
Co-Applicant's Name:		
Physical Address:		
City:	State: Texas	Zip Code:
Instructions		
Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act prohibits any person from receiving assistance with respect to any part of a loss as to which he/she has received previous financial assistance. Applicant must document insurance policies that covered the property from the date of the event until present. Complete this form even if you did not have insurance on/or after the event. The applicant is required to indicate whether or not you received claims or a settlement from an insurance company for damages caused by the event. Documentation of the claim(s) and/or settlement amount(s) must be submitted to the Program.		
Certification		
From the date of the event until present, a homeowners, flood, and/or windstorm insurance policy was in force for the property listed above.		
From the event until present, did you receive a claim or settlement payment from an insurance company for structural damages caused by the event.		
Signatures (Notarization Required)		
Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this Affidavit. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully makes false statements to any department of the United States Government.		
Applicant's Printed Name:	Date:	
Applicant's Signature:		
Co-Applicant's Printed Name:	Date:	
Co-Applicant's Signature:		
Before me personally appeared the person, whose signature appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this day of , 20 .		
Signature of Notary		
Notary Public State of Texas — Printed Name		NOTARY SEAL
Date Notary's Commission Expires:		



Texas General Land Office
Community Development and Revitalization
Duplication of Benefits (DOB) Verification Form

Project Information		
Subrecipient or State Representative:	Contract Number: 18-544-000-B291	
Applicant's Name:	Applicant ID:	
Co-Applicant's Name:		
Physical Address:		
City:	State: TX	ZIP Code:
Did the property owner receive any form of assistance for the repair and/or replacement of the home after the event? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • Stop here if checked No, sign and date form. • If Yes, enter amount of DOB calculated by subrecipient or state representative and complete the checklist below: \$ 		
Part A: Receipts Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Continue with Part B)		
Do all receipts provided document the full amount of the housing repair and/or replacement assistance previously received? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are receipts dated after time of the event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have items not related to eligible housing repair been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have temporary housing receipts been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If any of the boxes above are checked No, DO NOT approve Setup. Obtain necessary documentation to proceed.</i>		
Part B: Documentation Provided in Lieu of Receipts: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Did subrecipient or state representative provide a copy of a cashier's check or documentation of applicable funds for GAP funds owed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the amount of the cashier's check or money order cover all the GAP owed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Did subrecipient or state representative provide a copy of a document itemizing costs of the home repairs made?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the inspection report and self-certification (if applicable) confirm all funds used for home repair?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Did subrecipient or state representative provide a copy of a report from an entity that has the authority to act on allegations of contractor fraud? (i.e., Office of the Attorney General, Policy Department, HUD Office of Inspector General, etc.)	
<i>**This is a rare occurrence and must be approved by the grant manager.</i>		

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the amount of the contractor fraud cover all GAP owed?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Did the subrecipient or state representative provide a copy of the forced mortgage letter or payoff notice? **This is a rare occurrence and must be approved by the grant manager.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the amount of the forced mortgage payoff cover all GAP owed?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the DOB Exception Acknowledgment illustrate the applicant selected a lesser option? **This is a rare occurrence and must be approved by the grant manager.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the DOB Exception Acknowledgment signed and dated by the applicant and co-applicant?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the DOB Exception Acknowledgment indicate that there is no other option?
<i>If any of the boxes above are checked No, DO NOT approve Setup. Obtain necessary documentation to proceed.</i>	
Signatures	
Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in my ineligibility to participate in Programs that will accept this Affidavit. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully makes false statements to any department of the United States Government.	
Sub/Vendor Printed Name:	Date:
Sub/Vendor Signature:	
Applicant's Printed Name:	Date:
Applicant's Signature:	
Co-Applicant's Printed Name:	Date:
Co-Applicant's Signature:	



Texas General Land Office
Community Development and Revitalization
Self-Certification Statement of Repairs

Applicant(s) Information		
Subrecipient or State Representative's Name:	Contract and/or WO:	
Applicant Name:	Project #:	
Co-Applicant Name:	Address:	
Project Legal Description:		
Project Type (Rehabilitation, Reconstruction, etc.):		
To verify that repairs were performed on the damaged home due to the recent event(s), identify all eligible items below. Provide a description of the item that was repaired, the amount paid for the repair, and indicate if a receipt is present.		
Description of Repairs	Amount	Receipts: Yes or No
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total	\$	
Signature(s)		
Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this Affidavit. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.		
Applicant Name:		
Applicant Signature:	Date:	
Co-Applicant Name:		
Co-Applicant Signature:	Date:	



**Texas General Land Office
Community Development and Revitalization
Subrogation Agreement**

Subrecipient/State Information	
Funding Source: Choose an item. Pub. L 114-223,114-254,115-31 (2016 Floods)	Federal Award Number: Choose an item. 2016 Flood-B-16-DL-48-0001
Subrecipient/State "Program": GLO-CDR	Subrecipient/State Address: 1700 Congress Ave., Austin, TX 78701
Subrecipient/State Contract Number: 18-544-000-B291	Subrecipient/State Contract Date: 09/06/2018
Applicant Information	
Applicant Name:	Co-Applicant Name:
Applicant Address:	Applicant City/State/Zip:
Property's Legal Description "Structure":	

This Subrogation Agreement ("Agreement") is hereby entered into, as of the date listed above, by and between the Applicant and Co-Applicant (if applicable) and the Subrecipient or the General Land Office Community Development and Revitalization Program ("Program").

In consideration of Applicant's receipt of GLO-CDR funds administered through the Program, Applicant hereby assigns to the Program all of Applicant's future rights to reimbursement including, but not limited to, any reimbursement or relief program assistance related to or administered by the Federal Emergency Management Agency, the Small Business Administration, or any other source.

Applicant also hereby assigns to the Program all of Applicant's future rights to all payments received under any policy of casualty or property damage insurance including, but not limited to, homeowner's insurance, wind, flood, or any other type or casualty or property damage insurance paid as a result of physical damage to the Structure, as defined within the Agreement, that was the basis of calculation of Applicant's award to the extent that grant or loan proceeds were paid to the Applicant under the Program.

Applicant hereby assigns rights as they relate to the specific Structure defined within this Agreement and with respect to grants and/or loans described within Applicant's correlating application for assistance under the Program. Applicant acknowledges that this assignment of rights only pertains to assistance calculated using physical damage caused to the Structure by the specific correlating disaster event. This includes any insurance and Program proceeds received for damage to the Structure caused by any subsequent event that occurred prior to the commencement of repair or reconstruction of the Structure utilizing Program funds.

Applicant agrees to assist and cooperate with the Program should the Program elect to pursue any of the claims Applicant has against the insurers for reimbursement under any such policies. Applicant's assistance and cooperation shall include, but not be limited to, allowing suit to be brought on behalf of the Applicant and in the Applicant's name(s), participation in depositions, provision documents, producing records and/or other evidence, testifying at trial, or any other form of assistance and cooperation reasonably requested by the Subrogation Agreement

Program.

Applicant agrees, if requested by the Program, to execute any additional documents and/or instruments that may further and better assign to the Program the rights listed above. Such further documentation shall only further or better assign to the Program rights to the extent of the following proceeds paid to the Applicant either under the Program, Homeowner's policies, or programs administered by the Federal Emergency Management Agency, the Small Business Administration, or any other source. Applicant agrees to take or cause to be taken, all actions and to do, or cause to be done, all things requested by the Program to consummate and make effective the provisions of this Agreement.

Applicant explicitly agrees to permit the Program to request, on Applicant's behalf, to request any pertinent information related to this agreement from any company with which Applicant held any relevant insurance policy or any of the following agencies through which applicant applied or received funding: the Federal Emergency Management Agency, the Small Business Administration, or any other source. Applicant understands that requested information includes any non-public or confidential information needed by the Program to monitor and enforce its' interest in the rights assigned under this Agreement. Applicant hereby gives consent to any and all above listed sources of information to release said requested information to the Program upon request.

Applicant agrees that any future receipt of payment from any sources outlined in the Agreement shall be promptly forwarded to the Program. Program shall maintain the right to recover these payments until they total the amount equal to funding providing by any of the sources presented in this Agreement. Once the Program has recovered an amount equal to assistance paid to the Applicant from any of the sources presented in this Agreement, this Agreement shall no longer be legally effective.

Applicant acknowledges that this Agreement does not impair Applicant's mortgage lender's rights under any Deed of Trust or Mortgage or the Structure.

In any proceeding to enforce this Agreement, the Program shall be entitled to recover all costs of enforcement, including actual attorney's fees.

Signatures	
Applicant Name:	
Applicant Signature:	Date:
Co-Applicant Name:	
Co-Applicant Signature:	Date:
Program (or Authorized Representative's) Name:	
Program's (or Authorized Representative's) Signature:	Date:



Texas General Land Office
Community Development and Revitalization
Form 12.01
Receipt of Lead-Based Paint Notification

Lead-Based Paint Notification	
Subrecipient or State Representative's Name:	Contract and/or WO: 18-544-000-B291
Applicant Name and Address:	
<p>Under 24 CFR 570.608 (Lead-Based Paint), certain notifications are required in regard to potential and identified hazards of Lead-Based Paint (LBP). All homeowners, homebuyers, and/or tenants should receive the booklet, <i>"The Lead-Safe Certified Guide to Renovate Right,"</i> which contains information about the hazards of lead-based paint.</p> <p>Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C 287, 1001 and 31 U.S.C. 3729.</p>	
Receipt of Lead-Based Paint Notice	
I have received, read, and understand the booklet, <i>"The Lead-Safe Certified Guide to Renovate Right"</i> .	
Printed Name of Program Participant:	
Signature of Program Participant:	Date:
Receipt of Lead-Based Paint Evaluation (If applicable) N/A	
I have received, read, and understand the notification of lead-based paint evaluation. The evaluation was completed on (date) and I received the notice on (date).	
Printed Name of Program Participant:	
Signature of Program Participant:	Date:
Receipt of Lead-Based Paint Hazard Reduction (If applicable) N/A	
I have received, read, and understand the notification of lead-based paint hazard reduction. The hazard reduction was completed on (date) and I received the notice on (date).	
Printed Name of Program Participant:	
Signature of Program Participant:	Date:
Receipt of Lead-Based Paint Clearance (If applicable) N/A	
I have received, read, and understand the notification of lead-based paint clearance. The clearance was completed on (date) and I received the notice on (date).	
Printed Name of Program Participant:	
Signature of Program Participant:	Date: