Homeowner Assistance and Reimbursement Programs (HARP)

Acceptance of Change in Eligible Activities

I/we understand that the Homeowner Assistance and Reimbursement Programs (HARP) have changed the eligible activities that will be allowed for funding. Reimbursement and/or rehabilitation projects are no longer eligible for funding.

I/we have applied for the Homeowner Assistance and Reimbursement Programs (HARP) and choose to be considered for a **Reconstruction project only**, for the Property Owner(s)/Applicant(s) and Property Information below:

|  |  |  |
| --- | --- | --- |
| **Owner’s Last Name:** | **First Name:** | **Middle Initial:** |
| **Co-Owner’s Last Name:** | **First Name:** | **Middle Initial:** |
| **Property Address:** |

|  |  |
| --- | --- |
| **City:** | **State:** |
| **Zip:** | **County:** |

|  |  |
| --- | --- |
| **Phone Number:** | **Email:** |

Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my/our 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/our ineligibility to participate in the HARP Program for reconstruction activities only.

**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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Owner/Applicant Print Name** |  | **Owner/Applicant Signature** |  | **Date** |
|  |  |  |  |  |
| **Co-Owner/Co-Applicant Print Name** |  | **Owner/Co-Applicant Signature** |  |  **Date** |