| **Sworn Statement – Notary Required** | | | |
| --- | --- | --- | --- |
| **Applicant/Co-Applicant Information** | | | |
| **Applicant Name:** | | **Co-Applicant Name:** | |
| **Physical Address:** | | | |
| **City:** | **State: Texas** | | **Zip code:** |

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| **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 the physical address listed above as of the date of the event. As evidenced by: | | | |
|  | Utility Bill (Or letter from utility company) | | |
|  | Asset Verification (income tax return, credit check, etc.) | | |
|  | FEMA Award or FEMA DOB Information Report | | |
|  | Other (Driver’s License, Voter’s Registration Card) or other acceptable documents approved by the General Land Office. | | |
| **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.  **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.** | | | |
| **Printed Name of Applicant:** | | | **Date:** |
| **Applicant Signature:** | | |
| **Printed Name of Co-Applicant:** | | | **Date:** |
| **Co-Applicant Signature:** | | |
| **State of \_\_\_     \_\_\_\_\_\_\_\_­­­\_\_**  **County/Parish of \_\_\_     \_\_\_\_\_\_\_\_**  Before me, a notary public, on this day personally appeared       ,known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct. | | | |
| **Signature of Notary** | | **NOTARY SEAL** | |
| **Notary Public – Printed Name** | |
| **Date Notary’s Commission Expires** | |