| **Sworn Statement – Notary Required** | | | |
| --- | --- | --- | --- |
| **Applicant/Co-Applicant Information** | | | |
| **Applicant Name:** Click or tap here to enter text. | | **Co-Applicant Name:** Click or tap here to enter text. | |
| **Physical Address:** Click or tap here to enter text. | | | |
| **City:** Click or tap here to enter text. | **State: Texas** | | **Zip code:** Click or tap here to enter text. |

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| **Statement of Facts** | | | |
| In the absence of a valid deed of trust, warranty deed, or Statement of Ownership, 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 | | |
|  | 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). | | |
| **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:** Click or tap here to enter text. | | | **Date:** Click or tap here to enter text. |
| **Applicant Signature:** Click or tap here to enter text. | | |
| **Printed Name of Co-Applicant:** Click or tap here to enter text. | | | **Date:** Click or tap here to enter text. |
| **Co-Applicant Signature:** Click or tap here to enter text. | | |
| **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** | |