| **Applicant Information** |
| --- |
| **Applicant Name:** | **Subrecipient/State Representative:**  |
| **Co-Applicant Name:** |  |
| **Physical Address:**  |
| **City:** | **State: Texas** | **Zip code:** |
| **Legal Description:** |

|  |
| --- |
| **Lending Institution Information** |
| **Institution Name:** |
| **Mailing Address:** |
| **Contact Person:** | **Email Address:** |
| **Phone Number:** | **Fax Number:** |
| **Account Number:** | **Current Balance:** |
| **Statement of Facts** |
| I/we agree that the above-referenced property may be rehabilitated and/or reconstructed with the use of Community Development Block Grant – Disaster Recovery (CDBG-DR) funds. Any prior loan on the current dwelling shall transfer directly to the new structure. The Applicant and/or Co-Applicant acknowledges and understands that he/she/they remain subject to the duties and obligations presented under the existing agreement with the above referenced lending institute. |
| **Signatures** |
| Under penalties of perjury, I/we certify that the information presented in this Document 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 Document. 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. |
| **Applicant Signature:** | **Date:** |
| **Co-Applicant Signature:** | **Date:** |
| **Lending Institution Representative Signature:** | **Date:** |