| **Sworn Statement – Notary Required** | | | |
| --- | --- | --- | --- |
| **Applicant/Co-Applicant Information** | | | |
| **GLO’s Designated Representative (“GDR”) Name:** | | **Contract No. and/or WO:** | |
| **Applicant Name:** | | **Co-Applicant Name:** | |
| **Physical Address:** | | | |
| **City:** | **State: Texas** | | **Zip code:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 to the items listed below: | | | |
|  | The above-referenced financial institution is hereby granted my/our express permission to provide the GDR listed above with all necessary requested documents related to my/our account for the purposes of determining eligibility for participation in the Texas General Land Office's Disaster Recovery Program. | | |
|  | The GDR is hereby granted my/our express permission to provide the financial institution listed above with all necessary requested documents related to my/our account for the purposes of participating in the Texas General Land Office's Disaster Recovery Program. | | |
| **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:** | | | **Printed Name of Co-Applicant:** |
| **Applicant Signature:** | | | **Co-Applicant Signature:** |
| **Date:** | | | **Date:** |
| **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** | | |