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| **Applicant****/Co-Applicant Information** | | | | |
| **Applicant Name:** | | **Co-Applicant Name:** | | |
| **Property Address (“Property”):** | | | | |
| **City:** | **State: Texas** | | **Zip Code:** | |
| The Texas General Land Office (“GLO”) Designated Representative (“GDR”) will perform an inspection of the Property listed above prior to the GLO providing any disaster assistance to the Applicant in order for the GLO to assess the extent and type of damage sustained by the Property due to a disaster and any repair work performed on the Property that may have already occurred. This inspection will determine the type of assistance that is eligible to the Applicant in relation to the Property.  To achieve an accurate estimate of the extent and types of repair work and the remaining work that must be completed to the Property, and to ensure the quality of work performed by contractors, the Applicant shall immediately cease all repair work to the Property related to damages caused by the disaster and shall continue to cease any repair work throughout the duration of the Applicant’s participation in the GLO Community Development and Revitalization Program (“Program”) for which the Applicant is requesting disaster assistance.  **The Applicant as a participant in the Program must receive GLO’s written consent prior to performing any independent repair work to the Property. Failure to receive GLO’s prior consent before making independent repairs shall be considered a failure by the Applicant to comply with the terms and conditions of the Program and grounds for terminating Applicant’s participation in the Program.**  If the Applicant participates in the Program in which the Property is rehabilitated or reconstructed or if the Applicant receives reimbursement from the Program for repair work, the Applicant can make any additional repairs or improvements to the Property after the final inspection has been completed and/or reimbursement has been issued; however, such additional work may void applicable builder’s or manufacturer’s warranties. | | | | |
| **Signature(s)** | | | | |
| 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.** | | | | |
| **Printed Name of Applicant:** | | | | **Date:** |
| **Signature of Applicant:** | | | |
| **Printed Name of Co-Applicant:** | | | | **Date:** |
| **Signature of Co-Applicant:** | | | |