|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant/Co-Applicant Information** | | | | | | |
| **Applicant Name:** | | **Co-Applicant Name:** | | | | |
| **Physical Address:** | | | | | | |
| **City:** | **State: Texas** | | | **Zip Code:** | | |
| **Instructions** | | | | | | |
| Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act prohibits any person from receiving assistance with respect to any part of a loss as to which he/she has received previous financial assistance. Applicant must document insurance policies that covered the property from the date of the event until present. Complete this form even if you did not have insurance on/or after the event. The applicant is required to indicate whether or not you received claims or a settlement from an insurance company for damages caused by the event. Documentation of the claim(s) and/or settlement amount(s) must be submitted to the Program. | | | | | | |
| **Certification** | | | | | | |
| From the date of the event until present, a homeowner’s, flood, and/or windstorm insurance policy was in force for the property listed above. | | | | | |  |
| From the event until present, did you receive a claim or settlement payment from an insurance company for structural damages caused by the event. | | | | | |  |
| **Signatures (Notarization Required)** | | | | | | |
| Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I 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 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.** | | | | | | |
| **Applicant Printed Name:** | | | | | **Date:** | |
| **Applicant Signature:** | | | | |
| **Co-Applicant Printed Name:** | | | | | **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** | | |