| **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. |
| **Legal Description:** Click or tap here to enter text. | | | |

|  |  |  |
| --- | --- | --- |
| **Lending Institution Information** | | |
| **Institution Name:**  Click or tap here to enter text. | **Mailing Address:** Click or tap here to enter text. | |
| **Contact Person:**  Click or tap here to enter text. | **Email Address:**  Click or tap here to enter text. | |
| **Phone Number:**  Click or tap here to enter text. | **Current Balance: $**  Click or tap here to enter text. | |
| **Account Number:**  Click or tap here to enter text. | **Amount in Escrow\*: $** Click or tap here to enter text. | |
| **\*Identify funds that are held until confirmation of repairs is received.** | | |
| **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 remains subject to the duties and obligations presented under the existing agreement with the above referenced lending institution. | | |
| **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.  **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 Lending Institution Representative:**  Click or tap here to enter text. | | **Date:**  Click or tap here to enter text. |
| **Lending Institution Representative Job Title:**  Click or tap here to enter text. | |
| **Lending Institution Representative 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** |