|  |
| --- |
| **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:**  |

| **Damage Assessment** |
| --- |
| **Inspection Date:**  |
| **Evidence of Storm Damage:** |
| **Applicant Statement:**  |  |
| **Inspector Statement:**  |  |
| **Other Comments:**  |  |

\

|  |
| --- |
| **Photographic Evidence of Storm Damage** |
| **Damage:** **Room/Area:** |  |
| **Damage:****Room/Area:** |  |
| **Damage:****Room/Area:** |  |
| **Damage:****Room/Area:** |  |

|  |
| --- |
| **Signatures** |
| I certify that the damage noted above was a direct result of . I further certify that the information provided herein is true and correct. |
| Under penalties of perjury, I certify that the information presented in this document 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 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.** |
| **Homeowner Printed Name:**  | **Date:**  |
| **Homeowner Signature:**  |
| **Inspector Printed Name:**  | **Date:**  |
| **Inspector Signature:**  |