| **Project Information** | | |
| --- | --- | --- |
| **Subrecipient or State Representative:** | | **Contract and/or WO:** |
| **Applicant Name:** | | **Project #:** |
| **Co-Applicant Name:** | | **Address:** |
| **Project Legal Description:** | | |
| **Project Type (Rehabilitation, Reconstruction, etc.):** | | |
| The subrecipient or the state’s representative will perform an inspection of the property listed above prior to initiating repairs to assess the extent and type of damage sustained. This inspection will determine the benefits that are eligible in relation to the property.  To achieve an accurate estimate of the extent and types of damages that the property has sustained, and to ensure the quality of work performed by contractors, the subrecipient/state’s representative mandates that the applicant cease all repair work related to event damages for the duration of participating in this program.  If the applicant performs independent property repair work related to the event while participating in this program, the property will be ineligible for participation and will be withdrawn from the program. | | |
| **Signature(s)** | | |
| 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. | | |
| Applicant Name: | | |
| Applicant Signature: | Date: | |
| Co-Applicant Name: | | |
| Co-Applicant Signature: | Date: | |