|  |  |  |  |
| --- | --- | --- | --- |
| **Project Information** | | | |
| **Subrecipient or State Representative:** | | | **Contract Number:** |
| **Applicant’s Name:** | | **Applicant ID:** | |
| **Co-Applicant’s Name:** | | | |
| **Physical Address:** | | | |
| **City:** | | **State:** TX | **ZIP Code:** |
| Did the property owner receive any form of assistance for the repair and/or replacement of the home after the event? **Yes No**   * Stop here if checked **No**, sign and date form. * If **Yes**, enter amount of DOB calculated by subrecipient or state representative and complete the checklist below: **$** | | | |
| **Part A: Receipts Provided: ☐Yes ☐No (If No, Continue with Part B)** | | | |
| Do all receipts provided document the full amount of the housing repair and/or replacement assistance previously received? Yes No | | | |
| Are receipts dated after time of the event? Yes No | | | |
| Have items not related to eligible housing repair been removed? Yes No | | | |
| Have temporary housing receipts been removed? Yes No | | | |
| ***If any of the boxes above are checked No, DO NOT approve Setup.***  ***Obtain necessary documentation to proceed.*** | | | |
| **Part B: Documentation Provided in Lieu of Receipts: ☐Yes ☐No** | | | |
| Yes No N/A | Did subrecipient or state representative provide a copy of a cashier’s check or documentation of applicable funds for GAP funds owed? | | |
| Yes No N/A | Does the amount of the cashier’s check or money order cover all the GAP owed? | | |
| Yes No N/A | Did subrecipient or state representative provide a copy of a document itemizing costs of the home repairs made? | | |
| Yes No N/A | Does the inspection report and self-certification (if applicable) confirm all funds used for home repair? | | |
| Yes No N/A | Did subrecipient or state representative provide a copy of a report from an entity that has the authority to act on allegations of contractor fraud? (i.e., Office of the Attorney General, Policy Department, HUD Office of Inspector General, etc.)  *\*\*This is a rare occurrence and must be approved by the grant manager.* | | |
| Yes No N/A | Does the amount of the contractor fraud cover all GAP owed? | | |
| Yes No N/A | Did the subrecipient or state representative provide a copy of the forced mortgage letter or payoff notice? \*\**This is a rare occurrence and must be approved by the grant manager.* | | |
| Yes No N/A | Does the amount of the forced mortgage payoff cover all GAP owed? | | |
| Yes No N/A | Does the DOB Exception Acknowledgment illustrate the applicant selected a lesser option? \*\**This is a rare occurrence and must be approved by the grant manager.* | | |
| Yes No N/A | Is the DOB Exception Acknowledgment signed and dated by the applicant and co-applicant? | | |
| Yes No N/A | Does the DOB Exception Acknowledgment indicate that there is no other option? | | |
| ***If any of the boxes above are checked No, DO NOT approve Setup.***  ***Obtain necessary documentation to proceed.*** | | | |
| **Signatures** | | | |
| 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. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully makes false statements to any department of the United States Government. | | | |
| **Sub/Vendor Printed Name:** | | | **Date:** |
| **Sub/Vendor Signature:** | | |
| **Applicant’s Printed Name:** | | | **Date:** |
| **Applicant’s Signature:** | | |
| **Co-Applicant’s Printed Name:** | | | **Date:** |
| **Co-Applicant’s Signature:** | | |