| **Applicant(s) Information** | |
| --- | --- |
| **Subrecipient or State Representative’s Name:** | **Contract and/or WO:** |
| **Applicant Name:** | **Project #:** |
| **Co-Applicant Name:** | **Address:** |
| **Project Legal Description:** | |
| |  |  |  | | --- | --- | --- | | To verify that repairs were performed on the damaged home due to the recent event(s), identify all eligible items below. Provide a description of the item that was repaired, the amount paid for the repair, and indicate if a receipt is present.  **present.** | | | | **Description of Repairs** | **Amount** | **Receipts: Yes or No** | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | |  | **$** |  | | *Total* | **$** |  |   **Project Type (Rehabilitation, Reconstruction, etc.):** | |

|  |  |
| --- | --- |
| **Signature(s)** | |
| 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 a false statement to any department of the United States Government. | |
| Applicant Name: | |
| Applicant Signature: | Date: |
| Co-Applicant Name: | |
| Co-Applicant Signature: | Date: |