



**Texas General Land Office
Community Development and Revitalization
Intake Beneficiary Application**

Event Type:
Year of Event:
Date/Time Received:
Subrecipient:
Contract #:

All Blanks Must be Completed or Indicated with "N/A"

1. APPLICANT INFORMATION:

Applicant Name:	
Street Address:	
City/State/Zip:	County:
Email Address:	Home Phone:
	Cell Phone:

Name and Contact Information of Nearest Relative:

2. CO-APPLICANT INFORMATION: (If applicable)

Applicant Name:	
Street Address:	
City/State/Zip:	County:
Email Address:	Home Phone:
	Cell Phone:

Name and Contact Information of Nearest Relative:

3. ELIGIBILITY INFORMATION: Please answer the following questions:

Which disaster event(s) affected you and/or your residence?	
Were you the owner of the residence on the date of the disaster event?	
Was the damaged property the homeowner's primary residence on the date of the disaster event?	
Was the damaged property covered under homeowners' insurance?	
Did you register with FEMA for repair assistance for structural damage to your home?	
Have you ever received any other assistance for the repair or rehabilitation of your home?	

4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List all current members of the household and any additional household members anticipated within the next 12 months.

Member Name	Marital Status Head of Household Only	Relationship to Head of Household Head of Household	Date of Birth	Gender
Total Number of Household Members:				

5. INCOME INFORMATION (COPY OF PREVIOUS YEAR TAX RETURN): To determine if you are eligible for funding for a specific housing program, all listed occupants over the age of 18 must provide a copy of their previous tax return. *Subrecipients will refer to the GLO's IRS FORM 1040/Adjusted Gross Income (AGI) Method Calculation Policy to determine a beneficiary's household income.*

6. DIRECT BENEFIT DATA BY HOUSEHOLDS (DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION):

Ethnicity Codes:
 A – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
 B – Not Hispanic

Race Codes:
 A – White
 B – Black/African American
 C – Asian
 D – American Indian/Alaskan Native
 E – Native Hawaiian/Other Pacific Islander
 F – American Indian/Alaska Native/White
 G – Asian/White
 H – Black/African American/White
 I – American Indian/Alaska Native/Black-African American
 J – Other Multi-Racial
 K – Unknown

Special Needs Codes:
 A – Elderly
 B – Person with Disabilities*
 C – Colonia Resident
 D – Homeless
 E – Migrant Farm Worker
 F – Public Housing Resident
 G – Veteran
 H – Wounded Warrior

***Disability Definition:** A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

	Ethnicity Code	Race Code	Special Needs Code(s)
1(Head)			
2			
3			
4			
5			
6			

7. DAMAGED RESIDENCE INFORMATION: Please indicate the type of structure for the property:

Single Family Home Modular Home Townhome Manufactured Housing Unit Other: _____

Address: _____

City, State, Zip: _____

Please answer Yes, No or N/A to the following questions:

Are you currently living at the damaged residence?	
Is the property in the floodplain?	
If you are seeking assistance for a manufactured housing unit, do you own the land?	
Does the manufactured housing unit have a valid Statement of Ownership and Location (SOL) filed with the Texas Department of Housing and Community Affairs?	
Are there any other names on the deed for the damaged property?	
Have you had property foreclosed upon or are you in the process of foreclosure?	
Does the damaged property have any liens?	
Are you current or in good standing with a payment plan on your property taxes?	
If you are required to pay child support, are you current on your payments or in good standing with a payment plan?	

Please answer the following questions:

Are you applying for the reimbursement program?	
If you answered yes above, please indicate the amount you are seeking for reimbursement:	\$ _____

8. HOUSING ASSISTANCE RECEIVED PREVIOUSLY:

Have you applied for any storm-related assistance for damage to your home from any source (local, state, federal, private)? If yes, proceed with this section.

Source	Amount	Date Received	Account Number
1. FEMA: Federal Emergency Management Agency			
2. SBA: Small Business Administration			
3. Insurance: Hazard, Wind, Flood			
4. Other Describe:			
Have you received assistance from any federal program to repair your home PRIOR to this event?			
List the names of the programs (e.g., HOME, CDBG, GLO/FEMA etc.):			

9. APPLICANT CERTIFICATION:

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery (CDBG-DR) Program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

Applicant's Authorization:

I authorize the entity to which I am applying for assistance to obtain information about me and my household that is pertinent to determining my eligibility for participation in the CDBG-DR Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the entity and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the eligibility verification process.
- (5) I understand that my documents may become electronically permanent.

WARNING: By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Signature of Applicant:

Date:

Signature of Co-Applicant:

Date:

10. ELIGIBILITY RELEASE:

Subrecipient:	Contract Number:
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Name:

Address:

Instructions to Applicant: Your signature on this *Eligibility Release*, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named Subrecipient to obtain information from a third -party regarding your eligibility and continued participation in the:

Community Development Block Grant Disaster Recovery (CDBG-DR) Program

Privacy Act Notice Statement: The Texas General Land Office (GLO) or Subrecipient named above require the collection of the information listed in this form to determine an applicant’s eligibility for the CDBG-DR Program. This information will be used to establish the level of benefits for which the applicant is eligible to receive and to verify the accuracy of the information furnished. Information received from an applicant as a result of verifying an applicant’s eligibility may be released to the appropriate federal, state, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval.

Each adult member of the household must sign this Eligibility Release prior to the receipt of benefits to establish continued eligibility.

Note: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, “Request for a Copy of Tax Form” must be prepared and signed separately.

Information Covered: Inquiries may be made about items initialed below by the applicant.

Description	Verification Required	Initials of Applicants
Disaster Assistance (FEMA, SBA, Insurance, etc.)	X	
Income (all sources)	X	
Occupancy Preference (Special Needs) (if applicable)	X	
Child Support Verification	X	
Other (list): Dependent Information:	X	
Full-time Student		
Disabled Household Member		
Minor Children	X	

WARNING:

By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Any person who knowingly makes a false claim or statement to Housing and Urban Development (HUD) may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully makes false or fraudulent statements to any department of the United States Government.

Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

- IRS Income Tax Documents for all individuals that live at the property and that are over the age of 18.
- Property tax records including latest payment of property taxes or payment plan documentation from the applicable county appraisal office. Ensure the list of exemptions are listed for your home (ex: Homestead Exemption).
- Utility bill in the applicant's name at the time of the disaster event.
- Child support documentation (If applicable).
- Documentation of ownership for MHU and evidence of land ownership(If applicable).
- Income documentation (check stub, SSI letter, Tax return) for anyone in household over the age of 18
- If you have any questions or concerns about the application you can call:
Phone:601-456-1499
- You can submit completed applications and necessary documents via Email:
angela.turner@grantworks.net

Or Mail:

Grantworks Inc. Wharton HAP
2201 Northland Dr.
Austin, Texas 78756



Texas General Land Office
Community Development and Revitalization
Homeowner Certification and Agreement to Participate – Subrecipient Program

Homeowner Certification and Agreement to Participate in the CDBG Disaster Recovery Program		
Subrecipient Name or State Representative: City of Wharton	Contract/Work Order No: 19-076-050-B703	
Applicant Name:	Co-Applicant Name:	
Applicant Address:		
Building Contractor Name:		
Building Contractor Address:		
Builder Phone:	Builder Cell:	Builder Email:

1. I certify that I am the owner of the home located at the above-referenced address.
2. As the homeowner, I acknowledge I am responsible for completing and returning all required documentation to the Subrecipient within the time period stated by the Subrecipient.
3. If I fail to provide these documents in a timely manner, or if I fail to respond to any inquiries made by the Subrecipient regarding my application for assistance, I may be disqualified from participating in this program, or I may have to reapply and, consequently, my original submission date is no longer effective.
4. I understand the funding limitations of the Program and have been informed of the services I am eligible to receive. I understand a thorough review of my application resulted in one of the following recommendations:
 - REHABILITATION** – Repairs or restorations are made to the existing single-family housing unit to eliminate deficiencies. The homeowner may be required to make arrangements for relocation while the rehabilitation takes place.
 - RECONSTRUCTION** – Due to excessive construction deficiencies which cannot be repaired or rehabilitated sufficiently to meet required minimum property standards, the existing structure will be demolished and replaced with a newly constructed home. Reconstructed homes must comply with Green Building Standards and local code requirements. The homeowner will be required to make arrangements for relocation while the reconstruction takes place.
 - WALK AWAY** – A “walk away” results when the required repairs are estimated to exceed the program's previously established budget or funding limitations, or when either the Subrecipient or homeowner elect not to allow repair, restoration, rehabilitation, or reconstruction of the home. If the homeowner chooses not to participate in the Program for any reason, they retain the right to reapply for assistance at a later date and assistance would be conditioned on funding available at that time.
5. I understand I will be responsible for obtaining and maintaining hazard insurance, flood and/or windstorm insurance, if applicable, following the completion of assistance as required by law.
6. I have reviewed all contractual materials in coordination with my applicant coordinator and fully understand all standards, specifications, work write-ups, cost estimates, and/or required documentation prior to signing this “Homeowner Certification and Agreement to Participate in the CDBG Disaster Recovery Program” (Form 11.05).
7. **FOR RECONSTRUCTION or REHABILITATION ONLY:**

- a. Any items not specified in writing (such as the type of materials and colors) are not part of this agreement. The scope of services to be provided was discussed with me in a conference, at which time I received documentation of all materials and specifications to be used in construction as stated in the “Work Write-Up/Cost Estimate” (Form 11.17) and agreements. I have reviewed, approved and signed the “Work Write-Up/Cost Estimate” (Form 11.17).
- b. I understand it is my responsibility to arrange access to the home for the Building Contractor, inspectors, and workers performing construction or repair services to the home. Following completion of the construction, the home will continue to be accessible for completion of punch list items and warranty work. If reasonable and timely access is denied to a Building Contractor or inspector who is attempting to make a good faith effort to make or inspect required repairs, I will become responsible for completing the repairs at my expense.
- c. I understand that the security of the property, household goods, and personal items is my responsibility and that I may be required to move and/or store personal property at my expense. If personal property is damaged, displaced or lost during the construction or inspection of the property, I will immediately report the situation to the Subrecipient, but it will be my responsibility to pursue damages for any losses through my insurance provider. I will complete a photographic and written inventory of my possessions prior to the beginning of construction activities.
- d. During repair, restoration, rehabilitation, or reconstruction, I will not touch, disturb, move, or otherwise affect the construction areas, tools, materials and/or equipment belonging to the Building Contractor. I will make a reasonable effort to stay away from the construction zone.
- e. I will provide all existing utilities for use by the Building Contractor only as they relate to the rehabilitation or reconstruction of the home. I am responsible for continuous maintenance and payment of existing utilities.
- f. I will review each “Contractor’s Request for Payment” form (Form 11.04), and I will make a reasonable effort to inspect each item that the Building Contractor submits for payment prior to approving the payment request. By signing the “Contractor’s Request for Payment” form (Form 11.04), I am verifying that to the best of my knowledge and belief each of the listed repair items has been completed according to the required standards and specifications. If I am not satisfied with a particular item of repair that has been presented for payment, I may delete the item(s) until such repair is satisfactorily completed. If the repair is completed according to standards and specifications, but I refuse to approve the payment request, I understand that I may be responsible for payment to the Building Contractor for any lost time. The Subrecipient shall resolve any such conflicts.
- g. Before approving final payment, I will receive a warranty from the Building Contractor. If warranty work is required during the warranty period, I will be responsible for contacting the Building Contractor by telephone. If no contact is made by telephone, I will send a certified letter (with a return receipt) to the Building Contractor. If the Building Contractor has not responded within 30 days, I will immediately report the situation to the Subrecipient. I will provide the Subrecipient with copies of my receipts and letters supporting my attempt to contact the Building Contractor. If warranty issues or other complaints remain unresolved, I agree to adhere to the Program’s “Complaint and Appeal Policy,” including an informal conference and possibly binding arbitration.

Certification

I/We certify that I/we have read and understand this “Homeowner Certification and Agreement to Participate in the CDBG Disaster Recovery Program.” I/We certify that, to the best of my/our knowledge, all required documents and materials I/we have completed and submitted for my/our application for assistance are true and correct. I/We certify that the Subrecipient has explained to me/us, and I/we understand the benefit options available under the Program.

Under penalties of perjury, I/we certify that the information presented in this document 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 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.

- I/We choose to participate in the Program and to comply with all Program requirements.
- I/We choose **NOT** to participate in the Program or to receive any services provided and/or funded by the Program.

Printed Name of Applicant:

Signature of Applicant:	Date:
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Printed Name of Co-Applicant:

Signature of Co-Applicant:	Date:
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**Texas General Land Office
Community Development and Revitalization
Affidavit of Child Support**

Applicant/Co-Applicant Information		
Applicant/Co-Applicant Name:		
Physical Address:		
City:	State: Texas	Zip Code:
State Non-Delinquency Certification — Texas Law		
Applicant certifies that he/she is not more than 30 days delinquent in the payment of child support under a valid court order and, therefore, is not barred from receiving the benefits of this grant under Section 231.006(a)(2) of the Texas Family Code. Applicant acknowledges that eligibility for assistance may be voided if this certification is false, or if delinquency is determined during the period in which assistance is being provided.		
Federal Fraud Certification — Federal Law		
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. 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.		
Acknowledgements		
I, the above-listed Applicant, certify the following:		
1) I am NOT more than 30 days delinquent in the payment of a child support obligation and am eligible to receive the benefits of this program in accordance with Section 231.006(a)(2) of the Texas Family Code.		
2) I acknowledge and understand that providing false representations herein constitutes an act of fraud and is punishable under 18 U.S.C. Section 1001.		
Signatures (Notarization Required)		
Printed Name:		
Applicant/Co-Applicant Signature:	Date:	
Before me personally appeared the person, whose signature appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this day of , 20 .		
<hr/> Signature of Notary		
<hr/> Notary Public State of Texas — Printed Name		NOTARY SEAL
<hr/> Date Notary's Commission Expires		



**Texas General Land Office
Community Development and Revitalization
Affidavit of Ownership**

Sworn Statement – Notary Required

Applicant Information

Applicant Name:		Co-Applicant Name:	
Physical Address:			
City:	State: Texas	Zip code:	

Statement of Facts

In the absence of a valid deed of trust, warranty deed, or Statement of Ownership and Location (SOL), by completing this Affidavit, I/we being first duly sworn, do affirm the facts presented herein are true and complete:

(Select One)

There is no other person entitled to claim any ownership interest in the property; or	<input type="checkbox"/>
Each person who may be entitled to claim an ownership interest in the property has given consent to the application or was not located after a reasonable effort. (Supporting documentation of consent and/or reasonable effort required).	<input type="checkbox"/>

Signatures (Notarization Required)

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 Signature:	Co-Applicant Signature:
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Before me personally appeared the person, whose signature appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this day of , 20 .

Signature of Notary

Notary Public State of Texas – Printed Name

Date Notary's Commission Expires

NOTARY SEAL



**Texas General Land Office
Community Development and Revitalization
Notification Regarding Independent Repairs**

Project Information	
Subrecipient or State Representative: City of Wharton	Contract and/or WO: 19-076-050-B703
Applicant Name:	Project #:
Co-Applicant Name:	Address:
Project Legal Description:	
Project Type (Rehabilitation, Reconstruction, etc.):	
<p>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.</p> <p>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.</p> <p>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.</p>	
Signature(s)	
<p>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.</p>	
Applicant Name:	
Applicant Signature:	Date:
Co-Applicant Name:	
Co-Applicant Signature:	Date:



**Texas General Land Office
Community Development and Revitalization
Insurance Affidavit**

Project Information		
Subrecipient or State Representative's Name: City of Wharton	Contract No. and/or WO: 19-076-050-B703	
Applicant's Name:		
Co-Applicant's Name:		
Physical Address:		
City:	State: Texas	Zip Code:
Instructions		
Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act prohibits any person from receiving assistance with respect to any part of a loss as to which he/she has received previous financial assistance. Applicant must document insurance policies that covered the property from the date of the event until present. Complete this form even if you did not have insurance on/or after the event. The applicant is required to indicate whether or not you received claims or a settlement from an insurance company for damages caused by the event. Documentation of the claim(s) and/or settlement amount(s) must be submitted to the Program.		
Certification		
From the date of the event until present, a homeowner's, flood, and/or windstorm insurance policy was in force for the property listed above.	Choose an item.	
From the event until present, did you receive a claim or settlement payment from an insurance company for structural damages caused by the event.	Choose an item.	
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. False, misleading or incomplete information may result in my ineligibility to participate in 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's Printed Name:	Date:	
Applicant's Signature:		
Co-Applicant's Printed Name:	Date:	
Co-Applicant's Signature:		
Before me personally appeared the person, whose signature appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this day of , 20 .		
Signature of Notary		
Notary Public State of Texas — Printed Name		NOTARY SEAL
Date Notary's Commission Expires:		



Texas General Land Office
Community Development and Revitalization
Form 12.01
Receipt of Lead-Based Paint Notification

Lead-Based Paint Notification

Subrecipient or State Representative's Name: City of Wharton	Contract and/or WO: 19-076-050-B703
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Applicant Name and Address:

Under 24 CFR 570.608 (Lead-Based Paint), certain notifications are required in regard to potential and identified hazards of Lead-Based Paint (LBP). All homeowners, homebuyers, and/or tenants should receive the booklet, *"The Lead-Safe Certified Guide to Renovate Right,"* which contains information about the hazards of lead-based paint.

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.

Receipt of Lead-Based Paint Notice

I have received, read, and understand the booklet, *"The Lead-Safe Certified Guide to Renovate Right"*.

Printed Name of Program Participant:

Signature of Program Participant:	Date:
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Receipt of Lead-Based Paint Evaluation (If applicable) N/A

I have received, read, and understand the notification of lead-based paint evaluation. The evaluation was completed on _____ (date) and I received the notice on _____ (date).

Printed Name of Program Participant:

Signature of Program Participant:	Date:
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Receipt of Lead-Based Paint Hazard Reduction (If applicable) N/A

I have received, read, and understand the notification of lead-based paint hazard reduction. The hazard reduction was completed on _____ (date) and I received the notice on _____ (date).

Printed Name of Program Participant:

Signature of Program Participant:	Date:
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Receipt of Lead-Based Paint Clearance (If applicable) N/A

I have received, read, and understand the notification of lead-based paint clearance. The clearance was completed on _____ (date) and I received the notice on _____ (date).

Printed Name of Program Participant:

Signature of Program Participant:	Date:
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**Texas General Land Office
Community Development and Revitalization
Affidavit for Principal Residency**

Sworn Statement – Notary Required

Applicant Information

Applicant Name:		Co-Applicant Name:	
Physical Address:			
City:	State: Texas	Zip code:	

Statement of Facts

In the absence of a homestead exemption at the time of the event, by completing this Affidavit, I/we hereby affirm that my/our principal residence was: _____ (physical address) as of the date of the event. As evidenced by:

Utility Bill (Or letter from utility company)	<input type="checkbox"/>
Asset Verification (income tax return, credit check, etc.)	<input type="checkbox"/>
FEMA Award or FEMA DOB Information Report	<input type="checkbox"/>
Other (Driver's License, Voter's Registration Card) or other acceptable documents approved by the General Land Office.	<input type="checkbox"/>

Signatures (Notarization required)

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 Signature:	Co-Applicant Signature:
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Before me personally appeared the person, whose signature appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this _____ day of _____, 20____.

Signature of Notary

Notary Public State of Texas – Printed Name

NOTARY SEAL

Date Notary's Commission Expires



**Texas General Land Office
Community Development and Revitalization
Right-of-Entry Release**

Applicant's Information	
Subrecipient/Vendor Name: City of Wharton	Contract and/or WO: 19-076-050-B703
Applicant's Name:	Project #:
Co-Applicant's Name:	Address:
Project Legal Description:	
Project Type (Rehabilitation, Reconstruction, etc.):	
Right-of-Entry Release Statement	
<p>I, hereby, provide and authorize the Texas General Land Office (GLO) and each of their respective employees, vendors, and contractors, the "Right-of-Entry" in and onto the property describe above for the purpose of performing all necessary activities to carry out the CDBG-DR Program. I will confirm that the officer, official, or employee will present credentials including photo identification, and state the reason for the site visit in order to request entry.</p>	
Applicant's Acknowledgment	
<p>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. 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.</p>	
Applicant's Signature:	Date:
Printed Name:	
Co-Applicant's Signature:	Date:
Printed Name:	



**Texas General Land Office
Community Development and Revitalization
Subrogation Agreement**

State Representative Information	
Funding Source: Pub. L. 114-223, 114-254, 115-31 (2016 Floods)	Federal Award Number: 2016 Flood-B-16-DL-48-0001
State Representative "Program":	State Representative Address:
State Representative Contract Number:	State Representative Contract Date:
Borrower Information	
Borrower Name:	Co-Borrower Name:
Borrower Address:	Borrower City/State/Zip:
Property's Legal Description "Structure":	

This Subrogation Agreement ("Agreement") is hereby entered into, as of the date listed above, by and between the Borrower and Co-Borrower (if applicable) and the General Land Office Community Development and Revitalization ("GLO-CDR") Program ("Program").

In consideration of Borrower's receipt of GLO-CDR funds administered through the Program, Applicant hereby assigns to the Program all of Borrower's future rights to reimbursement including, but not limited to, any reimbursement or relief program assistance related to or administered by the Federal Emergency Management Agency, the Small Business Administration, or any other source.

Borrower also hereby assigns to the Program all of Borrower's future rights to all payments received under any policy of casualty or property damage insurance including, but not limited to, homeowner's insurance, wind, flood, or any other type or casualty or property damage insurance paid as a result of physical damage to the Structure, as defined within the Agreement, that was the basis of calculation of Borrower's award to the extent that grant or loan proceeds were paid to the Borrower under the Program.

Borrower hereby assigns rights as they relate to the specific Structure defined within this Agreement and with respect to grants and/or loans described within Borrower's correlating application for assistance under the Program. Borrower acknowledges that this assignment of rights only pertains to assistance calculated using physical damage caused to the Structure by the specific correlating disaster event. This includes any insurance and Program proceeds received for damage to the Structure caused by any subsequent event that occurred prior to the commencement of repair or reconstruction of the Structure utilizing Program funds.

Borrower agrees to assist and cooperate with the Program should the Program elect to pursue any of the claims Borrower has against the insurers for reimbursement under any such policies. Borrower's assistance and cooperation shall include, but not be limited to, allowing suit to be brought on behalf of the Borrower and in the Borrower's name(s), participation in depositions, provision documents, producing records and/or other evidence, testifying at trial, or any other form of assistance and cooperation reasonably requested by the Subrogation Agreement

Program.

Borrower agrees, if requested by the Program, to execute any additional documents and/or instruments that may further and better assign to the Program the rights listed above. Such further documentation shall only further or better assign to the Program rights to the extent of the following proceeds paid to the Borrower either under the Program, Homeowner's policies, or programs administered by the Federal Emergency Management Agency, the Small Business Administration, or any other source. Borrower agrees to take or cause to be taken, all actions and to do, or cause to be done, all things requested by the Program to consummate and make effective the provisions of this Agreement.

Borrower explicitly agrees to permit the Program to request, on Borrower's behalf, to request any pertinent information related to this agreement from any company with which Borrower held any relevant insurance policy or any of the following agencies through which Borrower applied or received funding: the Federal Emergency Management Agency, the Small Business Administration, or any other source. Borrower understands that requested information includes any non-public or confidential information needed by the Program to monitor and enforce its' interest in the rights assigned under this Agreement. Borrower hereby gives consent to any and all above listed sources of information to release said requested information to the Program upon request.

Borrower agrees that any future receipt of payment from any sources outlined in the Agreement shall be promptly forwarded to the Program. Program shall maintain the right to recover these payments until they total the amount equal to funding providing by any of the sources presented in this Agreement. Once the Program has recovered an amount equal to assistance paid to the Borrower from any of the sources presented in this Agreement, this Agreement shall no longer be legally effective.

Borrower acknowledges that this Agreement does not impair Borrower's mortgage lender's rights under any Deed of Trust or Mortgage or the Structure.

In any proceeding to enforce this Agreement, the Program shall be entitled to recover all costs of enforcement, including actual attorney's fees.

Signatures	
Borrower Name:	
Borrower Signature:	Date:
Co-Borrower Name:	
Co-Borrower Signature:	Date:
Program (or Authorized Representative's) Name:	
Program's (or Authorized Representative's) Signature:	Date:



**Texas General Land Office
Community Development and Revitalization
Self-Certification Statement of Repairs**

Applicant(s) Information

Subrecipient or State Representative's Name: City of Wharton	Contract and/or WO: 19-076-050-B703
Applicant Name:	Project #:
Co-Applicant Name:	Address:

Project Legal Description:
Project Type (Rehabilitation, Reconstruction, etc.):

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.

Description of Repairs	Amount	Receipts: Yes or No
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<i>Total</i>	\$	

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. 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: