Oficinal General de Tierras de Texas
Solicitud de Registro de Beneficiarios de Desarrollo y Revitalización Comunitaria

Tipo de evento:	
Año del evento:	
Fecha/hora recibido:	
Subreceptor:	
Nro. de contrato:	19-076-050-B703

Todos los casilleros en blanco deben ser Completados o Indicar "N/A"	
1. INFORMACIÓN DEL SOLICITANTE:	
Nombre del solicitante:	
Dirección:	
Ciudad/Estado/Código postal:	**Condado:**
Dirección de correo electrónico:	**Teléfono de la vivienda:**
	Teléfono móvil:
Nombre e información de contacto del pariente más cercano:	
2. INFORMACIÓN DE CO-SOLICITANTE: (Si corresponde)	
Nombre del solicitante:	
Dirección:	
Ciudad/Estado/Código postal:	**Condado:**
Dirección de correo electrónico:	**Teléfono de la vivienda:**
	Teléfono móvil:
Nombre e información de contacto del pariente más cercano:	

3. INFORMACIÓN DE ELEGIBILIDAD: Por favor, conteste las siguientes preguntas:	
¿Cuál(es) evento(s) de desastre le afectaron a usted y/o a su residencia?	2016 Flood DR -4272
¿Usted era propietario/a de la residencia en la fecha del evento de desastre?	
La propiedad dañada, ¿era la residencia primaria del propietario en la fecha del evento de desastre?	
¿La propiedad dañada estaba cubierta por seguro de propietario?	
¿Se registró con FEMA por asistencia en las reparaciones por daños estructurales a su vivienda?	
¿Ha recibido cualquier otra asistencia por los daños o la rehabilitación de su vivienda?	

4. COMPOSICIÓN Y CARACTERÍSTICAS DEL HOGAR: Enumere todos los miembros actuales de la vivienda y cualquier miembro adicional de la vivienda anticipado dentro de los próximos 12 meses.

Nombre del miembro	**Estado civil** Sólo la cabecera de la vivienda	**Relación con la cabecera de la vivienda**	**Fecha de nacimiento**	**Género**
		Cabecera de la vivienda		
			Número total de miembros de la vivienda:	

5. INFORMACIÓN DE INGRESOS (COPIA DE LA DECLARACIÓN FISCAL DEL AÑO ANTERIOR): Para determinar si es elegible para la financiación de un programa de vivienda específica, todos los ocupantes enumerados mayores a los 18 años de edad deben proveer una copia de su declaración fiscal del año anterior. *Los subreceptores consultarán el FORMULARIO DE LA IRS DEL GLO 1040/Ingresos Brutos Ajustados (AGI) Política de Método de Cálculo para determinar los ingresos de la vivienda del beneficiario.*

6. DATOS DE BENEFICIOS DIRECTOS POR VIVIENDAS (INFORMACIÓN DEMOGRÁFICA Y DE NECESIDADES ESPECIALES):

Códigos de etnicidad:
A – Hispano: Persona de cultura u origen cubano, mexicano, portorriqueño, sur o centroamericano u otro español, más allá de su raza. Términos tales como "Latino" o "Origen Español" aplican a esta categoría.
B – No hispano

Códigos de raza:
A – Blanco
B – Negro/Afroamericano
C – Asiático
D – Nativo americano/Nativo de Alaska
E – Nativo de Hawái/Otra isla del Pacífico
F – Nativo americano/Nativo de Alaska/Blanco
G – Asiático/Blanco
H – Negro/Afroamericano/Blanco
I – Nativo americano/Nativo de Alaska/Negro-Afroamericano
J – Otro multirracial
K – Desconocido

Códigos de necesidades especiales:
A – Anciano
B – Persona con discapacidades*
C – Residente de colonia
D – Homeless
E – Trabajador agrícola migrante
F – Residente de vivienda pública
G – Veterano
H – Guerrero herido

***Definición de discapacidad**: Una deficiencia física o mental que limita sustancialmente una o más principales actividades de la vida; un registro de tal deficiencia o el ser considerado como tener tal deficiencia.

	Código de etnicidad	Código de raza	Código(s) de necesidades especiales
1(Cabecera)			
2			
3			
4			
5			
6			

7. INFORMACIÓN DE LA RESIDENCIA DAÑADA: Por favor, indique el tipo de estructura para la propiedad:

Vivienda de familia única ☐	Vivienda modular ☐	Casa adosada ☐	Unidad de vivienda fabricada ☐	Otra:
Dirección:				
Ciudad, Estado, Código postal:				

Por favor, responda Sí, No o N/A a las siguientes preguntas:	
¿Actualmente vive en una vivienda dañada?	
¿La propiedad se encuentra en la llanura inundable?	
Si está buscando asistencia por una unidad de vivienda fabricada, ¿es propietario de la tierra?	
¿La unidad de vivienda fabricada cuenta con una Declaración de Propiedad y Ubicación (SOL) valida archivada con el Departamento de Viviendas y Asuntos Comunitarios de Texas?	
¿Hay otros nombres en el título para la propiedad dañada?	
¿Le han ejecutado la hipoteca en su propiedad o está en el proceso de que le ejecuten una hipoteca?	
¿La propiedad dañada tiene embargo?	
¿Está sin mora o al día con las cuotas de su plan de pago de impuestos a la propiedad?	
Si está obligado a pagar manutención por hijos, ¿está sin mora en sus pagos o al día con las cuotas de un plan de pagos?	
Por favor, responda a las siguientes preguntas:	
¿Está presentando solicitud para el programa de reembolso?	
Si respondió afirmativamente arriba, indique el monto por el cual está buscando reembolso:	$

8. ASISTENCIA DE VIVIENDA RECIBIDA ANTERIORMENTE:

¿Ha presentado asistencia por daños relacionados con cualquier tormenta para su vivienda de cualquier fuente (local, estatal, federal, privado)? En caso afirmativo, proceda con esta sección.

Fuente	Monto	Fecha recibida	Número de cuenta
1. FEMA: Agencia Federal de Administración de Emergencias			
2. SBA: Administración de Pequeñas Empresas			
3. Seguro: Riesgos, Viento, Inundación			
4. Otro; Describir:			
¿Ha recibido asistencia de cualquier programa federal para reparar su vivienda PREVIO a este evento?			
Lista de los nombres de los programas (p. ej., HOME, CDBG, GLO/FEMA etc.):			

9. CERTIFICACIÓN DEL SOLICITANTE:

Entiendo/entendemos que la información anterior se recolecta para determinar si yo/nosotros soy/somos elegible/s para recibir asistencia bajo el Programa de Fondos de recuperación de desastres en asignaciones en bloques de desarrollo comunitario (CDBG-DR).

Por la presente, certifico/certificamos que toda la información proporcionada en la presente es verídica y correcta.

Entiendo/entendemos que el brindar declaraciones o información falsa es causal de terminación de la asistencia de vivienda y sancionable bajo la ley federal.

Autorización del solicitante:

Autorizo a la entidad a la que presento solicitud de asistencia a obtener información acerca de mí y de mi vivienda que sea pertinente a la determinación de mi elegibilidad para la participación en el Programa CDBG-DR. Reconozco que:

(1) Una fotocopia de este formulario es tan válida como el original; Y
(2) Tengo derecho a revisar la información recibida empleando este formulario; Y
(3) Tengo el derecho a una copia de la información provista a la entidad y a solicitar la corrección de cualquier información que crea que se imprecisa; Y
(4) Todos los miembros adultos de esta vivienda firmarán este formulario y cooperarán con el proceso de verificación de elegibilidad.
(5) Entiendo que mi documentación podría quedar electrónicamente permanente.

ADVERTENCIA: Al firmar esta solicitud, el/los solicitante/s autoriza/n al estado o a cualquiera de sus representantes debidamente autorizados a verificar la información contenida en la presente, incluyendo esta sección. La Sección 1001 del Título 18 del Código de los EE. UU. declara que una persona es culpable de delito grave por hacer declaraciones falsas a sabiendas y con conocimiento de causa a cualquier departamento del Gobierno de los Estados Unidos.

Firma del solicitante:	**Fecha:**
Firma del co-solicitante:	**Fecha:**

10. RENUNCIA DE ELEGIBILIDAD:

Subreceptor:	Número de contrato: 19-076-050-B703
Nombre:	
Dirección:	

Instrucciones al solicitante: Su firma en esta *Renuncia de elegibilidad*, y las firmas de cada miembro de su vivienda de 18 años de edad o mayores, autoriza al antedicho Subreceptor a obtener información de un tercero acerca de su elegibilidad y participación continuada en el:

Programa de Fondos de recuperación de desastres en asignaciones de bloques de desarrollo comunitario (CDBG-DR)

Declaración de Notificación de la Ley de Privacidad: La Oficina General de Tierras de Texas (GLO) o el subreceptor nombrado arriba requieren la recolección de la información enumerada en este formulario para determinar la elegibilidad del solicitante para el programa CDBG-DR. Esta información será empleada para establecer el nivel de beneficios para los cuales el solicitante tendrá la elegibilidad a recibir y para verificar la precisión de la información provista. La información recibida de un solicitante como resultado de la verificación de la elegibilidad de un solicitante puede ser liberada a las agencias federales, estatales y locales apropiadas o, cuando sea relevante, a investigadores y fiscales civiles, criminales o regulatorios. El omitir cualquier información puede resultar en la demora o el rechazo de su aprobación de elegibilidad.

Cada miembro adulto de la vivienda debe firmar esta Renuncia de elegibilidad antes de la recepción de beneficios para establecer la elegibilidad continua.

Nota: ESTE CONSNTIMIENTO GENERAL NO PUEDE SER USADO PARA SOLICITAR UNA COPIA DE UNA DECLARACIÓN DE IMPUESTOS. Si se requiere una copia de la declaración de impuestos, se debe preparar y firmar por separado el formulario 4506 de la IRS, "Solicitud de copia de formulario de impuestos".

Información cubierta: Se pueden realizar consultas acerca de los ítems marcados con iniciales a continuación por el solicitante.

Descripción	Verificación requerida	Iniciales del solicitante
Asistencia por desastre (FEMA, SBA, Seguro, etc.)	X	
Ingresos (todas las fuentes)	X	
Preferencia de ocupación (Necesidades especiales)(si corresponde)	X	
Verificación de manutención de niños	X	
Otro (enumerar): Información de dependiente:	X	
Estudiante de tiempo completo Miembro discapacitado de la vivienda Niños menores de edad	X	

ADVERTENCIA: ***Al firmar esta solicitud, el/los solicitante/s autoriza/n al estado o a cualquiera de sus representantes debidamente autorizados a verificar la información contenida en la presente, incluyendo esta sección. Cualquier persona que hace declaraciones o reclamaciones falsas a sabiendas al Departamento de Viviendas y Desarrollo Urbano (HUD) podría quedar sujeto a penas civiles o criminales bajo 18 U.S.C. 287, 1001 y 31 U.S.C. 3729. La Sección 1001 del Título 18 del Código de los EE. UU. declara que una persona es culpable de delito grave por hacer declaraciones falsas a sabiendas y con conocimiento de causa a cualquier departamento del Gobierno de los Estados Unidos.***

Firma del solicitante:	**Fecha:**
Firma del co-solicitante:	**Fecha:**

POR FAVOR, PROVEA TODA LA DOCUMENTACIÓN APLICABLE ENUMERADA ACONTINUACIÓN PARA GARANTIZAR QUE SU SOLICITUD SEA PROCESADA DE MANERA OPORTUNA.

☐ Solicitud de registro de vivienda completada.

☐ Declaraciones correctas y completas (listados abajo):

- Certificación de hogar y acuerdo de participación (Forma 11.05)
- Recibo de notificación de pintura a base de plomo (Forma 12.01)
- Forma de entrar o de derecho a la propiedad
- Notificación de reparos independientes
- Declaración certificada de manutención de niños
- Declaración certificada de posesión de la propiedad
- Declaración certificada de residencia principal
- Declaración certificada de aseguranza o aseguro
- Forma de Verificación de beneficios duplicados
- Acuerdo de subrogación/contracto

☐ Formulario de renuncia de elegibilidad correctamente ejecutada.

☐ Carta de aprobación/denegación FEMA.

☐ Carta de aprobación/denegación de la Administración de Pequeñas Empresas (SBA).

☐ Carta de seguro privado (Si no tiene seguro privado, será aceptable una declaración escrita, firmada y fechada en la que indica que no tenía seguro privado).

☐ Carta o anuncio de "Otro" premio recibido por la reparación o el reemplazo de su vivienda dañada, p. ej., organización sin fines de lucro, beca de donación, etc.

☐ Copia del permiso para conducir del solicitante (o identificación emitida por el estado).

☐ Título a nombre del solicitante.

☐ Copia de recibos, a nombre del solicitante, por las reparaciones de la vivienda que se hayan realizado en la propiedad dañada.

☐ Documentos de impuestos a la renta de la IRS para todos los individuos que viven en la propiedad y que sean mayores a los 18 años de edad.

☐ Registros de impuestos sobre bienes inmuebles que incluyen el último pago de impuestos sobre bienes inmuebles o documentación de planes de pagos de la oficina de tasación del condado. Asegurar que la lista de exenciones esté enumerada para su vivienda (ej.: Exención relativa a la tasación de inmuebles).

☐ Factura de servicio público en nombre del solicitante al momento del evento de desastre.

☐ Documentación de manutención de niños (Si corresponde).

☐ Documentación SOL (Si corresponde).

☐ **Pueden entregar las aplicaciones completas junto con los documentos en una de las secciones que se llevaran acabo dentro de la Oficina Municipal de la Ciudad de Wharton. También se puede enviar las aplicaciones completas por**

Correo electrónico a:

angela.turner@grantworks.net

O por el correo:

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:	**Contract/Work Order No:**	
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 <u>NOT</u> 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:**
Printed Name of Co-Applicant:	
Signature of Co-Applicant:	**Date:**

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 .

Signature of Notary

NOTARY SEAL

Notary Public State of Texas — Printed Name

Date Notary's Commission Expires

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

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:

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	☐
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).	☐

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:**

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
Insurance Affidavit

Project Information		
Subrecipient or State Representative's Name:		**Contract No. and/or WO:**
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:	**Contract and/or WO:**
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:**
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:**
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:**
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:**

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

Applicant's Information	
Subrecipient/Vendor Name:	**Contract and/or WO:**
Applicant's Name:	**Project #:**
Co-Applicant's Name:	**Address:**
Project Legal Description:	
Project Type (Rehabilitation, Reconstruction, etc.):	

Right-of-Entry Release Statement

I, hereby, provide and authorize the Texas General Land Office (GLO) and each of their respective employees, venders, 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.

Applicant's Acknowledgment

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 Signature:	Date:
Printed Name:	
Co-Applicant's Signature:	Date:
Printed Name:	

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)	☐
Asset Verification (income tax return, credit check, etc.)	☐
FEMA Award or FEMA DOB Information Report	☐
Other (Driver's License, Voter's Registration Card) or other acceptable documents approved by the General Land Office.	☐

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:**

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
Subrogation Agreement

State Representative Information	
Funding Source: Choose an item.	Federal Award Number: **Choose an item.**
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

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
Notification Regarding Independent Repairs

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: