|  |  |  |
| --- | --- | --- |
| **Property Information** | | |
| **Subrecipient:** | | **GLO Contract No:** |
| **Applicant Name:** | **Co-Applicant Name:** | |
| **Physical Address:** | | |
| **City:** | **State: Texas** | **ZIP Code:** |
| **Total Enclosed Square Feet:** | | |
| **Disaster that damaged the home:** | | |

|  |
| --- |
| **DIRECTIONS:**  Documentation verifying that the applicant’s identified property received direct damage from the disaster is required for all applications. The Damage Assessment Checklist is only required if damage verification cannot be provided through insurance estimates, FEMA data, SBA data, or other documentation noted in Program Housing Guidelines.  Damage Assessment must be completed by a certified or licensed inspector (HQS, TREC, or similar license). Findings must be supported by pictures and statements/certifications from authorized/certified persons as appropriate (e.g. Certified inspectors, city/county building inspectors, health inspectors, etc.). |

| **Checklist** | |
| --- | --- |
| **An initial Assessment of the applicant’s property has been completed and one or more of the following conditions are present (Check off each box below individually):** | |
| **Findings** | **Please check**  **Applicable findings** |
| House was demolished by storm (vacant lot). |  |
| House was demolished by city/county because of slum/blight or otherwise unsafe condition or has been tagged for demolition by city/county. |  |
| House is unsafe to enter and conduct a full assessment. |  |
| Moisture damage, mold and/or toxicity (walls and/or insulation). |  |
| Damage to roofing. |  |
| Damage to floor and subfloor. |  |
| Damage to interior mechanical systems. |  |
| Damage to exterior mechanical systems. |  |
| Damage to electrical and/or plumbing including waste supply and fixtures. |  |
| Inspection has confirmed that the house has received damage due to the disaster. |  |

|  |
| --- |
| **Narrative statement/certification of the damages found during assessment:** |
| **Additional Notes:** |

|  |  |
| --- | --- |
| **Information on Residence** | |
| **Home is in a Flood Plain:** | Yes  No |
| **Elevation of the home:** |  |
| **Foundation Type:** | Pier and Beam  Slab on Grade |
| **High Water Mark Location:** | Crawlspace  First Floor  Other: |
| **Height of High-Water Mark:** |  |
| **Documentation Type (FEMA HWM, Inspection photos, etc.)** |  |
| **Comments:** |  |

|  |  |
| --- | --- |
| **Inspector Signatures** | |
| Under penalties of perjury, I certify that the information presented in this document 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 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.** | |
| **Inspector Printed Name:** | **Date of Inspection:** |
| **Inspector Signature:** |  |

|  |  |
| --- | --- |
| **Homeowner Certification** | |
| **I/We hereby certify that the damage listed above is a result of the disaster listed under property information.** | |
| Under penalties of perjury, I certify that the information presented in this document 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 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.** | |
| **Applicant Printed Name:** | **Date:** |
| **Applicant Signature:** |  |
| **Co-Applicant Printed Name:** | **Date:** |
| **Co-Applicant Signature:** |  |
| **Subrecipient Representative Printed Name:** | **Date:** |
| **Subrecipient Representative Signature:** |  |

***Disclaimer:*** *The Texas General Land Office has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date CDBG-DR and/or CDBG-MIT federal rules and regulations, as applicable. It should be noted that the Texas General Land Office assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal rules and regulations and the Texas General Land Office's standard review and update schedule.*