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| **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 SEAL** | | | |
| **Notary Public State of Texas — Printed Name** | |
| **Date Notary’s Commission Expires:** | |