

Homeowner Assistance Program (HoAP) FORM M Name Affidavit

Applicant Name:	Applicant ID #:	
Co-Applicant Name: (If Applicable)	Damaged Property:	

(If Applicable)		zamagea i reperty.				
SECTION 1: NAME AFFIDAVIT						
	SECTION 1: I	IAIVIE AFFIDAVII				
Personally, came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the						
undersigned Affiant, w	ho, after first being duly sworn on oa	ath, states that she/he is	s one and the same person listed			
below and set forth in	the application under the City of Hou	uston Housing & Commi	unity Development Department			
relating to the property	y located at		·			
Government Name:						
Name Variations on						
official documents:						
Please list any additional name						
variations:						
SECTION 2: SIGNATURES (NOTARIZATION REQUIRED)						
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. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our 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. Title 18, Section 1001 of the U.S. Code 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 Signature	Co-	Applicant Signature (If App	plicable)			
	appeared the person whose signatured reinabove are true and correct. Subscrib		by being sworn, upon oath say that the chis day of,			
Signature of Notary						
Notary – Printed Name						
Date Notary's Commission	n Expires		NOTARY'S SEAL			

