

HOUSTON Len	der Notice of H	OAF Fait	icipation	
Applicant Name:			Applicant ID #:	
Co-Applicant Name: (If Applicable)			Damaged Property:	
HCAD Legal Descript	on:			
	SECTION 1: LE	NDING INSTI	TUTION INFORM	MATION
Institution Name:				
Mailing Address:				
Lending Institution R	epresentative Name:			
Lending Institution R	epresentative Title:			
Email Address:		Phone Num	ber:	Fax Number:
Account Number:		Current Bala	ance:	·
Are the mortgage pa	yments on the property	current?	☐ Yes ☐ No	
If no, have foreclosu	re proceedings begun?		□ N/A □ Yes	□ No
Current Mortgage St	atement (Required)		☐ Is Attached	
	SECTIO	N 2: STATE	MENT OF FACTS	

the existing agreement with the above referenced lending institute.

A lien may be placed on the property if the homeowner executes the necessary legal documents to receive HoAP assistance, and depending on the total dollar value of assistance provided. The lien placed by the City of Houston is based upon a zero interest Forgivable Loan. The lending institution will maintain its position as the superior lienholder.

I/We authorize the City of Houston and any of its duly authorized representatives to communicate directly with the lending institution to inform the institution of my participation in the Homeowner Assistance Program and to verify the information provided in Section 1 of this form, and any information within the current mortgage statement I/we provided.

SECTION 3: CERTIFICATION SIGNATURE(S)

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	Date	Co-Applicant Signature (if applicable)	Date
Lending Institution Representative Signature	Lending Institution Representative Printed Name		Date



