

Hurricane Harvey Recovery Homeowner Assistance Program (HoAP) Intake Application and Packet



This Section is for Office Use Only

Date/Time Application Received:

Applicant ID #:

Application Received By:

NOTES:



Homeowner Assistance Program (HoAP)

Intake Application and Packet

This section(s) to be completed by Applicant/Co-Applicant.

Application ID #: _____

1. APPLICANT INFORMATION

The applicant is the Head of Household, for the purpose of this application

First Name:		Middle Name:	Last Name:
Damaged Property Address: <i>(Damaged by Hurricane Harvey)</i>		Damaged Property City, State, Zip: <i>(Damaged by Hurricane Harvey)</i>	
Is the Damaged Property Address above where you receive mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Mailing Address: <i>(If different from Damaged Address)</i>	
		Current Mailing City, State, Zip: <i>(If different from Damaged City, State, Zip)</i>	
Home Phone:	Daytime Phone:		Cell Phone:
Email Address:		Date of Birth:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			

2. CO-APPLICANT INFORMATION *(If Applicable)*

☐ DOES NOT APPLY

List other members of the household who hold as much responsibility for the property as the Applicant. This person is often referred to as the co-owner of the property

First Name:		Middle Name:	Last Name:
Current Address: <i>(Where Co-Applicant Resides)</i>		Current City, State, Zip: <i>(Where Co-Applicant Resides)</i>	
Mailing Address: <i>(If different from Current Address)</i>		Mailing City, State, Zip: <i>(If different from Current City, State, Zip)</i>	
Home Phone:	Daytime Phone:		Cell Phone:
Email Address:		Date of Birth:	
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____			

3. COMMUNICATION DESIGNEE OR ALTERNATIVE CONTACT(S) *(If Applicable)*

☐ DOES NOT APPLY

(If you assign a Communication Designee or Alternative Contact(s), complete Attachment B, HoAP Communication Designee Form for each designee/alternative contact.)

First Name:		Middle Name:	Last Name:
Current Address:			
City, State, Zip:			
Home Phone:	Daytime Phone:		Cell Phone:
Email Address:			
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____			

4. HEAD OF HOUSEHOLD DEMOGRAPHIC INFORMATION FOR HUD REPORTING (check only one)**Race of Head of Household:**

- ☐ American Indian or Alaskan Native
 ☐ American Indian/Alaskan Native and White
☐ Asian
 ☐ American Indian/Alaskan Native and Black/African American
☐ Black/African American
 ☐ Asian and White
☐ Native Hawaiian/Other Pacific Islander
 ☐ Black/African American and White
☐ White
 ☐ Other _____

Ethnicity of Head of Household:

- ☐ Hispanic/Latino – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or Origin, regardless of race.
☐ Non-Hispanic/Latino – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or Origin, regardless of race.

5. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List all household members and provide the requested information. "Household" is defined as all persons living in the same dwelling unit, regardless of relationship or age.

Household Member Name	Relationship to Head of Household	Gender	Date of Birth mm/dd/yyyy	Dependent (Y/N)	Disabled? (Y/N)	Veteran (Y/N)

a. In the next twelve (12) months, are you expecting an increase or decrease in income? ☐ Increase ☐ Decrease ☐ No Change

If Yes, please explain: _____

b. In the next twelve (12) months, are you expecting an increase or decrease in household members? ☐ Yes ☐ No ☐ Unknown

If Yes, please explain: _____

6. GENERAL INFORMATION

- a. Did this property sustain damage from Hurricane Harvey? ☐ Yes ☐ No
- b. Did you own the damaged property on August 25, 2017? ☐ Yes ☐ No
- c. Was this your primary residence on August 25, 2017? ☐ Yes ☐ No
- d. Are any household members over 18 responsible for child support payments? ☐ Yes ☐ No
 If **YES**, is the responsible party current on payments for child support? ☐ Yes ☐ No
 Is the responsible party on an approved payment plan for child support? ☐ Yes ☐ No
- e. Are property taxes current for the damaged property? ☐ Yes ☐ No
 If **NO**, are the taxes on an approved payment plan? ☐ Yes ☐ No
 Is a copy of the payment plan included with this application? ☐ Yes ☐ No
- f. Does the damaged property have any Homeowner Association requirements of deed restriction? ☐ Yes ☐ No

7. DAMAGED PROPERTY INFORMATION

a. Has the damaged property been demolished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do you have a mortgage that you are currently paying for your damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , are you current on the mortgage payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are you also currently living in and paying rent at a different location from the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the damaged property currently in foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are there any liens on the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
f. Do you have a deed on the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , provide information below for all parties listed on the deed (including any entity, for example, a Trust): _____		
g. What type of structure is the damaged property?		
<input type="checkbox"/> Single-Detached <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Manufactured Housing Unit (MHU) <input type="checkbox"/> Modular-detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Other _____		
h. If the damaged property is a MHU, do you have a valid Statement on Location (SOL) filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If you are seeking assistance for a manufactured housing unit, do you own the land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. TEMPORARY RELOCATION & MOVING AND STORAGE ASSISTANCE

a. Are you currently living in the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If you are living in the damaged property and you are required to move as a result of the repair work, will you need moving and storage assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. If you are required to move as a result of the repair work, have you made arrangements for a place to live temporarily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , where? _____		
If NO , will you need temporary housing assistance?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. If you are not living in the damaged property, are you receiving temporary housing assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , who is providing the assistance?		
<input type="checkbox"/> FEMA <input type="checkbox"/> Insurance <input type="checkbox"/> Non-Profit _____ <input type="checkbox"/> Other _____		
Did you also receive moving and storage assistance for your temporary housing assistance?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you willing to relocate during the rehabilitation or reconstruction of the property?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Please note that rehabilitation and reconstruction pathways require relocation.		
f. Did the damaged property have a tenant in place as of August 25, 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Has the damaged property had a tenant at any time since August 25, 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. ENVIRONMENTAL INFORMATION

a. Was the damaged property built AFTER January 1, 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the City of Houston provide your drinking water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
c. Is there a gas or fuel storage tank connected to the damaged property that is in use for heating or cooking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
d. Are there pungent, foul, or noxious odors typically noticeable at the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the yard area of the damaged property cleared of debris, non-working vehicles, non-working appliances, storage tanks and/or drums with potentially hazardous materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO , are you able to clear the damaged property for an Environmental Inspection to be conducted?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. What is the site history of the damaged property?		
<input type="checkbox"/> Residential <input type="checkbox"/> Farm / Business <input type="checkbox"/> Other: _____		
g. Did the site historically include any of the following?		
<input type="checkbox"/> Septic System <input type="checkbox"/> Water Well <input type="checkbox"/> Underground Storage Tank <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		

10. OTHER ASSISTANCE RECEIVED AND EXPENDITURES

Complete the **HoAP Insurance, Benefits and Expenditures Certification** (Form C)

11. INCOME CERTIFICATION INFORMATION

Complete the **HoAP Household Income Certification (HIC)** (Form D1) or **HoAP Income Self-Certification** (Form D4). Please submit all requested supporting income documentation and, if applicable, the *HoAP Adjusted Gross Income Worksheet* and/or the *HoAP Certification of Zero Income*.

12. PRIOR FEDERAL ASSISTANCE

Did the damaged property sustain damages due to any federally declared disaster between January 1, 1994 and December 31, 2016?

☐ Yes☐ No☐ Unknown

13. APPLICANT RELEASE AND CERTIFICATION

Applicant Name:	Damaged Property Address: (Street, City, State, Zip)
Co-Applicant Name: (If Applicable)	

RELEASE

- I/We authorize the City of Houston/HCDD to use photographs of my/our property in City of Houston and HCDD affiliate promotional materials. I/We also understand that I/we may opt out or in of this photograph release in writing at any time. Please confirm that you agree or disagree with these statements:
 - ☐ I Agree
 - ☐ I Disagree
- I/We authorize the City of Houston and any of its duly authorized representatives to verify all information provided on this application, including obtaining information about me/us, my/our household, and its members, that is pertinent to determining my/our eligibility for participation in the City of Houston's Homeowner Assistance Program (HoAP).
- I/We understand the following inquiries may be made to obtain third party information to any of the following:
 - Disaster Assistance (FEMA, SBA, Insurance, etc.);
 - Income (all sources);
 - Assets (all sources);
 - Occupancy Preference (Special needs, if applicable);
 - Child Support Payment Verification;
 - Property Tax Payment Verification.
- I/We acknowledge and understand that:
 - A photocopy of this form is as valid as the original;
 - I/We have the right to review information received using this Release;
 - I/We have the right to a copy of information provided to the entity and to request correction of any information I/We believe to be inaccurate;
 - Documents submitted may become electronically permanent.

CERTIFICATION

- I/We certify that I/we are the owner of the home located at the above-referenced address.
- As the Applicant/Co-Applicant, I/we acknowledge responsibility for completing and returning all required documentation to the Homeowner Assistance Program (HoAP) within the time period stated on the application materials. If I/we fail to provide these documents in a timely manner, or if I/we fail to respond to any inquiries made by the Homeowner Assistance Program (HoAP) regarding my/our application for assistance, I/we may be disqualified from participating in this program and receiving benefits, or I/we may have to reapply and, consequently, my/our original submission date is no longer effective.
- I/We understand there is a limitation of funding for the Program, and even if I/we are determined eligible for assistance, this does not mean an award is guaranteed.
- I/We understand I/we may be responsible for obtaining and maintaining hazard insurance, flood and/or windstorm insurance, if applicable, following the completion of assistance as required by law.
- I/We understand that providing false statements or information is grounds for ineligibility and termination of housing assistance and is punishable under federal law.
- 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.

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 – Printed Name	Applicant – Signature	Date
Co-Applicant – Printed Name (If Applicable)	Co-Applicant – Signature (If Applicable)	Date



Homeowner Assistance Program (HoAP) FORM B

Communication Designee (Permission to Applicant Information)

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

Instructions: Applicants to the Homeowner Assistance Program (HoAP) can designate a third party to obtain information about their HoAP application. This third party is known as the **Communication Designee** and they will be authorized to make inquiries of the applicant's program status by the methods of delivery selected below. The person or agency designated as the *Communication Designee* is not authorized to sign the grant agreement or any other documents or affidavits on behalf of the applicant unless they also hold a valid Power of Attorney (POA). Applicants may designate an individual or an agency as a *Communication Designee*. If you are using this form authorizing permission to a new *Communication Designee* to access applicant information surrounding your HoAP Application, please complete **Sections 1 and 2**. If you are revoking permission previously granted to a person or agency or *Communication Designee*, please complete **Sections 1 and 3**. If you wish to authorize or revoke multiple *Communication Designees*, separate forms should be completed for each designee.

SECTION 1: Information to Access Applicant Information

I do hereby authorize the City of Houston, Texas, Housing Community Development Department (HCDD) Disaster Recovery Division, and/or their affiliates* to share the following specific information with:

Who can access my information: For example: Jane Doe <u>OR</u> ABC Elevation Services	Name: _____ Agency, if applicable: _____
Relationship with this person/agency:	<input type="checkbox"/> Family or Close Friend <input type="checkbox"/> Attorney, CPA, or Similar Professional <input type="checkbox"/> Builder/Contractor <input type="checkbox"/> Non-Profit or Long-Term Recovery Group <input type="checkbox"/> Other: _____
Address and phone number of person/agency (and agency representative name): For example: 123 ABC Street, Agency Rep Name Houston, TX 77025 (830) 555-1234	Address: _____ Telephone: _____ Email: _____
What information may be disclosed (select all that apply): <i>Please note: Specific payment-related inquiries will not be shared with builders/contractors.</i>	<input type="checkbox"/> Contractor Validation Requirements <input type="checkbox"/> Environmental and Asbestos/Lead Inquiries <input type="checkbox"/> Payment Requirements <input type="checkbox"/> Scope of Work Inquiries <input type="checkbox"/> All Documents <input type="checkbox"/> Other: _____
Method(s) of delivery:	<input type="checkbox"/> By phone <input type="checkbox"/> By e-mail** <input type="checkbox"/> In-person meeting ** By selecting this option, you understand that electronic correspondence may not be confidential and may be intercepted and read by other people.
PIN/Password: Required to access application information	PIN/Password: _____
This permission will expire on: For example: 08/10/2018	Expiration Date: _____

*Affiliates may include the City of Houston's contractors, subcontractors, consultants; and partner non-profit or volunteer organizations.

SECTION 2: Applicant's Certification (Authorizing) Communication Designee

Instructions: Complete Section 2 **ONLY** if you are **authorizing a new Communication Designee**. Applicant and Co-Applicant (If Applicable) must complete the Certification below.

1. I/We certify that I/we are the owner of the home located at the above-referenced address.
2. I/We understand and acknowledge that I/we do not have to sign a release form, however am hereby doing so freely and voluntarily.
3. I/We understand and acknowledge that I/we do not have to allow any Person/Agency access to information related to my/our HoAP Application.
4. I/We understand that this form authorizes and permits the City of Houston, Texas, Housing and Community Development Department (HCDD) Disaster Recovery Division, and their affiliates to disclose and share information with the Communication Designee.
5. I/We must sign a new HoAP Communication Designee form for each person or agency to whom I/we wish to extend access to and receive information about my/our HoAP application from the City of Houston, Texas Housing and Community Development Department and/or its affiliates.
6. I/We understand that I/we can revoke this permission at **any** time by filling out a HoAP Communication Designee form to revoke this permission and returning it to my/our Housing Advisor or Housing Recovery Center.

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.

Signature - Applicant	Signature - Co-Applicant	Date

SECTION 3: Applicant's Certification (Revoking) Communication Designee

Instructions: Complete Section 3 **ONLY** if you are **revoking a previously assigned Communication Designee**. Applicant and Co-Applicant (If Applicable) must complete the Certification below.

1. I/We certify that I/we are the owner of the home located at the above-referenced address.
2. I/We hereby revoke permission for the above-referenced Communication Designee to access my/our HoAP application information.

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.

Signature - Applicant	Signature - Co-Applicant	Date



Homeowner Assistance Program (HoAP)

Insurance, Benefits and Expenditures Certification

FORM C

Required Form

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

Applicants must complete each section of this Certification to describe all insurance coverage, insurance benefits received, third-party benefits received, repairs completed, and details of all associated expenditures (costs). Any available supporting documentation (such as insurance claims, award letters, copies of checks, etc.) must be provided if requested, as a means of providing evidence of all the Disaster Funds the Applicant has personally spent and received as a result of damage to the Applicant's primary residence from Hurricane Harvey on August 25, 2017, until the present time. Please note, only costs incurred prior to the date of application submission and after August 25, 2017 may be eligible for reimbursement.

SECTION 1: INSURANCE CERTIFICATION

I/we hereby state and certify to the United States Department of Housing and Urban Development and to the City of Houston as follows:

Type of Insurance	On August 25, 2017, was insurance carried and in effect on the Hurricane Harvey damaged property?	Are you currently in litigation with your Insurance?	Did you receive, or do you expect to receive a claim or settlement payment for structural damages caused by Harvey?	Insurer Information	
Homeowners Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Received <input type="checkbox"/> Requested, but not received <input type="checkbox"/> Not requested, and not received <input type="checkbox"/> N/A – Did not have	Company Name: <input type="text"/> Policy Number: <input type="text"/> Agent Name: <input type="text"/> Agent Phone: <input type="text"/> Settled Amount: <input type="text"/> \$ <i>(if Received)</i>	
Wind Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Received <input type="checkbox"/> Requested, but not received <input type="checkbox"/> Not requested, and not received <input type="checkbox"/> N/A – Did not have	Company Name: <input type="text"/> Policy Number: <input type="text"/> Agent Name: <input type="text"/> Agent Phone: <input type="text"/> Settled Amount: <input type="text"/> \$ <i>(if Received)</i>	
Flood Insurance or National Flood Insurance Program (NFIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Received <input type="checkbox"/> Requested, but not received <input type="checkbox"/> Not requested, and not received <input type="checkbox"/> N/A – Did not have	Company Name: <input type="text"/> Policy Number: <input type="text"/> Agent Name: <input type="text"/> Agent Phone: <input type="text"/> Settled Amount: <input type="text"/> \$ <i>(if Received)</i>	
FEMA Increased Cost of Compliance (ICC)	N/A - Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Received <input type="checkbox"/> NOT Received	Settled Amount: <input type="text"/> \$ <i>(if Received)</i>	

SECTION 2: BENEFITS CERTIFICATION

Please fill in the information requested below related to third-party benefits you have applied for and/or received as a result of damage to your property by Hurricane Harvey.

Benefit Type	Have you applied for and/or received any assistance for your damaged property related to Harvey?	Third-Party Benefit Information <i>(Only complete if you have applied for third-party benefits)</i>	
FEMA Individual Assistance (IA)	<input type="checkbox"/> Have NOT Applied <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied, and application is pending <input type="checkbox"/> Applied and received	IA Application #:	
		Funds Received <i>(if Applied and received)</i>	\$
FEMA Direct Assistance for Limited Home Repair (DALHR)	<input type="checkbox"/> Did NOT Apply <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied and received	DALHR Applicant #:	
		Scope of Work for Repairs <i>(if Applied and received)</i>	<input type="checkbox"/> Is Attached
FEMA Partial Repairs and Essential Power for Shelter (PREPS)	<input type="checkbox"/> Did NOT Apply <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied and received	PREPS Applicant #:	
		Scope of Work for Repairs <i>(if Applied and received)</i>	<input type="checkbox"/> Is Attached
Small Business Administration (SBA)	<input type="checkbox"/> Have NOT Applied <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied, and application is pending <input type="checkbox"/> Applied and received	SBA Application #	
		Funds Received: <i>(if Applied and received)</i>	\$
Hazard Mitigation Grant Program (HMGP)	<input type="checkbox"/> Have NOT Applied <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied, and application is pending <input type="checkbox"/> Applied and received	HMGP Application #:	
		Funds Received: <i>(if Applied and received)</i>	\$
Non-Profit Organizations	<input type="checkbox"/> Have NOT Applied <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied, and application is pending <input type="checkbox"/> Applied and received	Organization Names: <i>(List all organizations)</i>	
		Funds Received for All Non-Profit Organizations: <i>(if Applied and received)</i>	\$

SECTION 3: EXPENDITURES CERTIFICATION

Please fill in the information requested below related to the details of all repair activities completed since Hurricane Harvey. The purpose of the table below is to itemize and document “eligible” repairs/costs. The total eligible repairs may be classified as “allowable activities” to offset potential “duplication of benefits” from funds received from Federal Emergency Management Agency (“FEMA”), non-profit organizations, and/or Applicant's Insurance Carrier(s) for disaster assistance.

RECEIPTS AND PROOF OF PAYMENT DO NOT NEED TO BE ATTACHED TO THIS CERTIFICATION BUT MAY BE REQUESTED BY CITY, STATE OR FEDERAL AUDITORS AT A LATER DATE AS A MEANS TO VERIFY COST OF REPAIRS.

Expenditures		Location <i>(Where work was done)</i>	Description <i>(What work was done)</i>	Quantities <i>(When applicable)</i>	Total Spent
EXAMPLE:		Living Room	Repair: Replaced Windows	6 windows	\$3,500.00
1	Debris Removal/ Demolition <i>(include demo of outbuildings, garages, and fences)</i>				
2	Roof Repairs/ Replacement				
3	Entire House Plumbing				
4	Entire House Electrical				
5	Entire House HVAC				
6	Environmental <i>(Mold, Lead and Asbestos)</i>				
7	Disposal & Removal Equipment Rental				
8	Windows				
9	Exterior Repairs <i>(siding, trim, painting, driveway, etc.)</i>				
10	Wells, septic tanks, etc.				
11	Landscaping <i>(tree removal and replacement)</i>				

Expenditures		Location (Where work was done)	Description (What work was done)	Quantities (When applicable)	Total Spent
12	Kitchen	<input type="checkbox"/> Insulation			
		<input type="checkbox"/> Drywall			
		<input type="checkbox"/> Plumbing			
		<input type="checkbox"/> Electrical			
		<input type="checkbox"/> Cabinets			
		<input type="checkbox"/> Countertop			
		<input type="checkbox"/> Flooring			
		<input type="checkbox"/> Paint <input type="checkbox"/> Other			
13	<input type="checkbox"/> Bath 1 <input type="checkbox"/> Bath 2 <input type="checkbox"/> Bath 3	1 2 3			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insulation			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drywall			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electrical			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cabinets			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Countertop			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flooring			
14	Living Room	<input type="checkbox"/> Insulation			
		<input type="checkbox"/> Drywall			
		<input type="checkbox"/> Electrical			
		<input type="checkbox"/> Flooring			
		<input type="checkbox"/> Paint <input type="checkbox"/> Other			
15	Den	<input type="checkbox"/> Insulation			
		<input type="checkbox"/> Drywall			
		<input type="checkbox"/> Electrical			
		<input type="checkbox"/> Flooring			
		<input type="checkbox"/> Paint <input type="checkbox"/> Other			
16	Bedroom 1	<input type="checkbox"/> Insulation			
		<input type="checkbox"/> Drywall			
		<input type="checkbox"/> Trim			
		<input type="checkbox"/> Electrical			
		<input type="checkbox"/> Flooring			
		<input type="checkbox"/> Paint <input type="checkbox"/> Other			
17	Bedroom 2	<input type="checkbox"/> Insulation			
		<input type="checkbox"/> Drywall			
		<input type="checkbox"/> Trim			
		<input type="checkbox"/> Electrical			
		<input type="checkbox"/> Flooring			
		<input type="checkbox"/> Paint <input type="checkbox"/> Other			

Expenditures		Location (Where work was done)	Description (What work was done)	Quantities (When applicable)	Total Spent
18	Bedroom 3	<input type="checkbox"/> Insulation			
		<input type="checkbox"/> Drywall			
		<input type="checkbox"/> Trim			
		<input type="checkbox"/> Electrical			
		<input type="checkbox"/> Flooring			
		<input type="checkbox"/> Paint <input type="checkbox"/> Other			
19	Other	<input type="checkbox"/> Insulation			
		<input type="checkbox"/> Drywall			
		<input type="checkbox"/> Plumbing			
		<input type="checkbox"/> Electrical			
		<input type="checkbox"/> Cabinets			
		<input type="checkbox"/> Countertop			
		<input type="checkbox"/> Flooring			
		<input type="checkbox"/> Other			
20	Appliances (only include stove and/or refrigerator)				
21	Elevation & Foundational Repairs/Floors				
22	Mobility/ Accessibility				
23	Mitigation & Resilience (flood vents, shutters)				
24	Design Costs (permits, surveys, geotech, elevation certificate)				
25	TOTAL SPENT (Please total rows 1 – 24)				\$
26	Outbuildings Repair (Garages, Fences, Sheds, carports)				
27	Appliances (Only include washer, dryer, dishwashers, microwaves)				
28	Temporary Housing	N/A	N/A	Number of Weeks: _____	
29	Other				
30	TOTAL SPENT (Please total rows 26 – 29)				\$

DUPLICATION OF BENEFITS

Federal regulations require the City of Houston to conduct a duplication of benefits (DOB) analysis to ensure that (1) Homeowners do not receive more federal funds than needed and (2) HoAP funds are used to meet a need the Homeowner still has after considering other funds received. Therefore, any funds you received from insurance, non-profit, and public sources for repairs to your home must be considered when the amount of your HoAP Award is determined. If you can show that you spent some of the funds you received to repair your home, those funds will not be considered a duplication of benefits. However, if any funds that you received for the repair/reconstruction of your home were spent for other purposes, this will limit the amount of your HoAP Award.

APPLICANT CERTIFICATION

I/We understand that if the information in this Worksheet and Affidavit is not correct, I/we will be required to immediately repay the deferred loan, or a portion, which is received as a result of providing that incorrect information. Applicant also understands that the information in this Allowable Activities Worksheet and Affidavit may be turned over to the appropriate City of Houston investigative authorities for verification.

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.

Before me, the undersigned authority, on this day personally appeared Applicant named below, who, being by me duly sworn under penalty of perjury and penalty of violation of Federal, State, and Local laws applicable to Applicant's application for and receipt of a grant or deferred forgivable loan under the Program, made the following statements herein to the HCDD and the United States Department of Housing and Urban Development and swore that the information provided herein is true and equals the total Disaster housing repair or replacement Funds received from FEMA, Insurance, or SBA due to Hurricane Harvey on August 25, 2017, and any funds spent by Applicant on repairing or replacing Applicant's primary residence since August 25, 2017 to the present time.

Dated this the _____ day of _____, 20____.

Applicant (Affiant) Signature

Print Applicant Name (Affiant)

Co-Applicant (Affiant) Signature
(if applicable)

Print Co-Applicant Name (Affiant) (if applicable)

SUBSCRIBED AND SWORN TO before me, by the above-named Affiant(s) this the _____ day of _____, 20____, to certify which witness my hand and official seal.

NOTARY PUBLIC

My Commission Expires: _____

NOTARY SEAL _____



Homeowner Assistance Program (HoAP) Household Income Certification (HIC)

FORM D1**Required Form**

Applicant Name: (Head of Household)		Application ID #:					
Co-Applicant Name: (If Applicable)		Damaged Property:					
SECTION 1: ALL HOUSEHOLD MEMBERS							
1A: Household Members with Earned & Unearned Income <i>Included in Household Adjusted Gross Income (AGI)</i>	Relation to Head	Date of Birth	Supporting Income Documentation Provided*				
a			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:				
b			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:				
c			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:				
d			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:				
e			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:				
f			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:				
*For <u>each</u> household member providing Other Supporting Income Document(s), a HoAP Adjusted Gross Income Worksheet must be submitted along with any applicable income and expense documents listed in the Income Information section of the HoAP Application Document Checklist .							
1B: Household Members With <u>NO</u> Income <i>NOT included in Household Adjusted Gross Income (AGI)</i>	Relation to Head	Date of Birth	Supporting Income Documentation Provided**				
1			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income				
2			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income				
3			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income				
4			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income				
5			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income				
**Household members that are <i>Minors</i> (under age 18) or are claimed as a qualified <i>Dependent</i> on a Tax Return require NO further documentation. All other household members claiming zero income must submit a HoAP Certification of Zero Income .							
Total Household Members:							
SECTION 2: HOUSEHOLD ANNUAL ADJUSTED GROSS INCOME (AGI)							
	Household Members with Earned & Unearned Income						Total (Sum a-f)
	a	b	c	d	e	f	
Household AGI***							
If a HoAP Adjusted Gross Income Worksheet is completed, Household AGI is from <u>row 31</u> on the HoAP Adjusted Gross Income Worksheet .							
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: I/We certify that the information presented on this form is true and complete to the best of my/our knowledge and belief. I/We agree to provide income source verification to the City of Houston upon request. I/We understand that this certification is part of the application process and does not guarantee eligibility for the Houston Homeowner Assistance Program (HoAP).							
Signature - Applicant				Signature - Co-Applicant		Date	
SUBRECIPIENT: I have reviewed, verified, and confirmed the information presented on this form in accordance with the requirements of the Houston Homeowner Assistance Program (HoAP). I hereby certify that the information presented herein is complete and accurate to the best of my knowledge.							
Signature - City of Houston						Date	



Homeowner Assistance Program (HoAP)

Adjusted Gross Income (AGI) Worksheet

FORM D2

An Adjusted Gross Income (AGI) Worksheet should be completed by each household member that does NOT file a tax return, but DOES receive earned or unearned income.

If 1040 tax document not available, please provide an explanation below. **(Include attempts made to obtain tax document.)**

--

Applicant Name: (Head of Household)		Application ID #:	
Co-Applicant Name: (If Applicable)		Damaged Property:	
Name of Household Member: Completing This AGI Worksheet			

Section 1: Household Member Annual Adjusted Gross Income (AGI)

ANNUAL INCOME		Other Annual Income	Annual AGI Income
1. Wages, salaries, tips			
2. Interest income		Annual Tax Exempt Interest:	Annual Taxable Interest:
3. Dividend income		Annual Qualified Dividends:	Annual Ordinary Dividends:
4. Taxable refunds/ credits/offsets of state/ local income taxes			
5. Alimony received			
6. Business income (or loss)			
7. Capital gain (or loss)			
8. Other gains (or losses)			
9. IRA Distributions		Total Annual Amount:	Annual Taxable Amount:
10. Pensions and Annuities		Total Annual Amount:	Annual Taxable Amount:
11. Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
12. Farm income (or loss)			
13. Unemployment compensation			
14. Social Security benefits		Total Annual Amount:	Annual Taxable Amount:
15. Other income		Type of Income:	
16. Subtotal (lines 1-15)			
ANNUAL EXPENSES			Annual AGI Expenses
17. Educator expenses			
18. Certain business expenses			
19. Health savings account deduction			
20. Moving expenses			
21. Deductible part of self-employment tax			
22. Self-employed SEP, SIMPLE, and qualified plans			
23. Self-employed health insurance deduction			
24. Penalty on early withdrawal of savings			
25. Alimony paid			
26. IRA deduction			
27. Student loan interest deduction			
28. Tuition and fees			
29. Domestic production activities deduction			
30. Subtotal (lines 17-29)			
31. Subtract line 30 from line 16. This is the Household Member's Annual Adjusted Gross Income (AGI) *			

*The income inclusions and exclusions allowed under the IRS 1040 definition of income are subject to change from tax year to tax year. This worksheet is a general representation of the IRS Form 1040, and as such cannot reflect all updated inclusions and exclusions each tax year. The user is advised to consult the IRS Web site for the most current version of this form at www.irs.gov.

Section 2: Household Member Certification

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.

Household Member - Printed Name	Household Member - Signature	Date



Homeowner Assistance Program (HoAP)

Adjusted Gross Income (AGI) Worksheet

FORM D2

An Adjusted Gross Income (AGI) Worksheet should be completed by each household member that does NOT file a tax return, but DOES receive earned or unearned income.

If 1040 tax document not available, please provide an explanation below. **(Include attempts made to obtain tax document.)**

--

Applicant Name: (Head of Household)		Application ID #:	
Co-Applicant Name: (If Applicable)		Damaged Property:	
Name of Household Member: Completing This AGI Worksheet			

Section 1: Household Member Annual Adjusted Gross Income (AGI)

ANNUAL INCOME		Other Annual Income	Annual AGI Income
1. Wages, salaries, tips			
2. Interest income		Annual Tax Exempt Interest:	Annual Taxable Interest:
3. Dividend income		Annual Qualified Dividends:	Annual Ordinary Dividends:
4. Taxable refunds/ credits/offsets of state/ local income taxes			
5. Alimony received			
6. Business income (or loss)			
7. Capital gain (or loss)			
8. Other gains (or losses)			
9. IRA Distributions		Total Annual Amount:	Annual Taxable Amount:
10. Pensions and Annuities		Total Annual Amount:	Annual Taxable Amount:
11. Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
12. Farm income (or loss)			
13. Unemployment compensation			
14. Social Security benefits		Total Annual Amount:	Annual Taxable Amount:
15. Other income		Type of Income:	
16. Subtotal (lines 1-15)			
ANNUAL EXPENSES			Annual AGI Expenses
17. Educator expenses			
18. Certain business expenses			
19. Health savings account deduction			
20. Moving expenses			
21. Deductible part of self-employment tax			
22. Self-employed SEP, SIMPLE, and qualified plans			
23. Self-employed health insurance deduction			
24. Penalty on early withdrawal of savings			
25. Alimony paid			
26. IRA deduction			
27. Student loan interest deduction			
28. Tuition and fees			
29. Domestic production activities deduction			
30. Subtotal (lines 17-29)			
31. Subtract line 30 from line 16. This is the Household Member's Annual Adjusted Gross Income (AGI) *			

*The income inclusions and exclusions allowed under the IRS 1040 definition of income are subject to change from tax year to tax year. This worksheet is a general representation of the IRS Form 1040, and as such cannot reflect all updated inclusions and exclusions each tax year. The user is advised to consult the IRS Web site for the most current version of this form at www.irs.gov.

Section 2: Household Member Certification

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.

Household Member - Printed Name	Household Member - Signature	Date



Homeowner Assistance Program (HoAP)

Right-of-Entry and Release of Information

FORM E

Required Form

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

The undersigned (Applicant) hereby unconditionally authorizes the Texas General Land Office (GLO) and the City of Houston's Housing and Community Development Department and its respective employees, agents, contractors, and/or representatives (collectively, "HCDD") and the Homeowner Assistance Program (HoAP) Managers and their respective employees, agents, inspectors, and contractors (collectively, the "HoAP Program Managers") to access and enter the property located at the Damaged Property Address, as listed above, including any damaged home situated thereon (collectively, the "Property"), for the purpose of performing inspections, taking sample materials for specialized testing, and/or undertaking repairs of damage resulting from Hurricane Harvey for the purposes of participating in the HoAP.

It is fully understood that this Right of Entry (ROE) does not create any obligation on the part of HCDD or HoAP Program Managers to perform inspections or undertake repairs to the Property.

Applicant understands and agrees:

- 1) Granting GLO, HCDD, and HoAP Program Managers full access to the Property for the purpose of inspections, monitoring, and construction activities is a requirement of the HoAP. HCDD and HoAP Program Managers will endeavor to schedule mutually convenient appointment times for an inhabited Property.
- 2) No inspections and repairs will be performed until this ROE is completed and signed by the Applicant.
- 3) No repairs will be made to the Property if the Applicant does not receive assistance from the HOAP or if the Applicant elects to discontinue with the HOAP.
- 4) This ROE grants GLO, HCDD and HoAP Program Managers full access to the Property to complete compliance monitoring, inspections, and construction related activities.
- 5) *Time Period:* The ROE shall expire 24 months after this ROE is signed, unless sooner cancelled according to the terms herein. If needed, this ROE may be extended from time to time, however, any extension shall be in writing and signed by HCDD and the Applicant.
- 6) *Inspections & Repairs:* The ROE authorizes inspections and repairs of the Property. Applicant understands that HCDD and HOAP Program Managers, in their sole discretion, shall determine the extent of the required repairs. Applicant understands that more than one (1) inspection may be required by HCDD in order to determine the extent of required repairs and agrees to provide access for initial and subsequent inspections and for construction to facilitate all required inspection and repair work.
- 7) *Photos:* Applicant authorizes GLO, HCDD and HOAP Program Managers to take photos, digital likenesses, and audio/video recordings of the Applicant, Property, and damages.
- 8) *Sampling and Disclosures:* Applicant authorizes the GLO, HCDD and HOAP Program Managers to collect samples (e.g. drywall compound, floor tile, piping insulation, paint, ceiling tile, etc.) of housing materials for purposes of testing for potentially hazardous materials (including lead paint, asbestos, mold, etc.) in accordance with the requirements of local, state, and federal laws. Applicant understands that this sampling may result in minor damages to the property, and such damages may be repaired **only** if the Applicant receives assistance from the HOAP.

- 9) **Waiver and Hold Harmless:** In consideration of and as a condition to the performance of the work described herein, applicant hereby releases and forever discharges the GLO, HCDD and HoAP program managers from all liability for injury, death, damage, or loss to persons, real property, or personal property in connection with the performance of the work described herein, even if the injury, death, damage, or loss is the result of the city of HCDD's, and/or HoAP program manager's sole or concurrent negligence. Applicant agrees to look to the contractor performing the work described herein to pay any claim in connection to this right of entry for damage to applicant's property or assets on applicant's property.
- 10) **Authority:** Applicant represents and warrants that Applicant has full power and authority to execute this ROE and fully perform Applicant's obligations under this ROE. If Applicant is an entity, Applicant also represents and warrants that Applicant has such power and authority pursuant to its governing instruments, without the need for any further action, as duly designated agents of Applicant, to execute this ROE. Applicant expressly represents and warrants that fee title to the Property is vested solely in Applicant as indicated by a title search performed by HCDD.
- 11) **Tools and Equipment:** All tools, equipment, and other personal property taken upon or placed upon the Property by HOAP Program Managers shall remain the personal property of HOAP Program Managers and will be removed at the completion of inspection or construction, as applicable.
- 12) **Information Sharing:** Information is collected to make it possible for GLO, HCDD, and HoAP Program Managers to enter Applicant's Property, inspect for damage, and/or undertake emergency protective measures. Information submitted will be shared with other federal, state or local agencies, their contractors, subcontractors and/or employees, as well as with vested agencies performing inspections and/or repairs, for official use only in accordance with the purposes stated in this ROE.

Applicant understands this Right of Entry and Release of Information may be cancelled prior to receipt of funds. To cancel this Right of Entry and Release of Information, Applicant understands the cancellation must be in writing, signed by the Applicant, and provided to HoAP Program Managers. Phone-in and verbal cancellations will NOT be accepted.

By cancelling this Right of Entry and Release of Information, the Applicant acknowledges that inspections and/or repairs shall not be initiated or completed by GLO, HCDD and/or HoAP Program Managers.

APPLICANT'S ACKNOWLEDGEMENT

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



Homeowner Assistance Program (HoAP)

Ownership and Signatory Authority Affidavit

FORM F

Applicant Name:		Application ID #:	
Co-Applicant Name <i>(If Applicable):</i>		Damaged Property:	

SECTION 1: STATEMENT OF FACTS

I/We, being first duly sworn, do affirm the facts presented herein are true and complete (*please check one*):

- ☐ There is no other person entitled to claim any ownership interest in the property and I/we will serve as the authorized signatory in relation to the property interest; **OR**
- ☐ Each person who may be entitled to claim any ownership interest in the property was not located after a reasonable effort, or has signed giving consent to the application and that I/we will serve as the authorized signatory in relation to the property interest:
- A. Co-Owner 1 Name (*Printed*): _____
- ☐ Not Located After Reasonable Effort; OR
- ☐ Co-Owner 1 Signature: _____ Date: _____
- ☐ Yes ☐ No Have you been in contact with this individual regarding your application submission?
- B. Co-Owner 2 Name (*Printed*): _____
- ☐ Not Located After Reasonable Effort; OR
- ☐ Co-Owner 2 Signature: _____ Date: _____
- ☐ Yes ☐ No Have you been in contact with this individual regarding your application submission?
- C. Co-Owner 3 Name (*Printed*): _____
- ☐ Not Located After Reasonable Effort; OR
- ☐ Co-Owner 3 Signature: _____ Date: _____
- ☐ Yes ☐ No Have you been in contact with this individual regarding your application submission?
- D. Co-Owner 4 Name (*Printed*): _____
- ☐ Not Located After Reasonable Effort; OR
- ☐ Co-Owner 4 Signature: _____ Date: _____
- ☐ Yes ☐ No Have you been in contact with this individual regarding your application submission?

***Supporting documentation of consent and/or reasonable effort made required for each co-owner.**

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 Applicable*)

Before me personally appeared the person whose signature(s) 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 – Printed Name

Date Notary's Commission Expires

NOTARY'S SEAL



Homeowner Assistance Program (HoAP)

Primary Residency and Occupancy Affidavit

FORM G

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

SECTION 1: STATEMENT OF FACTS

In the absence of a homestead exemption at the time of the storm, by completing this Affidavit, you hereby affirm your principal residency and occupancy was at _____
on August 25, 2017 as evidenced by: (Physical Address)

A. One of the following to prove Primary Residency: ***All documents must be valid on August 25, 2017.**

- ☐ Voter registration card
- ☐ Homeowners insurance policy showing as primary residence
- ☐ Texas Driver's license or State issued ID showing damaged property address
- ☐ Other verifiable government issued documentation corresponding to damaged property address

AND One of the following to prove Occupancy: ***All documents must be valid on August 25, 2017.**

- ☐ Copy of electric, gas, water, trash, sewage, cable or landline phone bill. The bill must confirm that service was provided in the month preceding or the month of the applicable disaster event and must match name and address on the program application. Bills must reflect usage of services indicative of occupancy.
- ☐ Letter from electric, gas, water, trash, sewage, cable or landline Phone Company. The letter must confirm that service was provided in the month preceding or month of the applicable disaster event and must match name and address on the program application.
- ☐ Voter registration records submitted together with valid driver's license (unexpired as of date of application) must match the name and address on the program application

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 Applicable)

Before me personally appeared the person whose signature(s) 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 – Printed Name

Date Notary's Commission Expires

NOTARY'S SEAL



Homeowner Assistance Program (HoAP) FORM H1

Homeowner Mobility Modification List

Required Form

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

MOBILITY MODIFICATIONS:

The Homeowner Assistance Program (HoAP) allows for mobility modifications in the home for those applicants who request the modifications as indicated below. Documentation may be required for certain modifications. Identify if the applicant will or will not be requiring mobility modifications. The applicant must initial this choice. If modifications are requested, complete Sections 1 and 2 below. Items chosen in Sections 1 and 2 may require that additional site-specific adjustments be performed to accommodate the mobility modifications.

☐ Will Require Mobility Modifications

Applicant Initials: _____

☐ Will Not Require Mobility Modifications

Applicant Initials: _____

SECTION 1: Applicant shall indicate desire by placing X under Yes or No below and initial any "Yes" response.

Yes	No	Item	Applicant Initials
		1 Sanitary modification (If desired, choose a, b, c, or d below)	
		1a Grab Bars – at Toilet and Shower	
		1b Replace Bathtub with Tub/Shower including Blocking and Grab Bars	
		1c Replace Bathtub with ADA Accessible Bathtub (w/ blocking, grab bars, vanity, wand, seat)	
		1d Replace Bathtub with ADA Roll-In Shower (w/grab bars, vanity, wand, & fold down bench)	
		2 Bathroom Vanity (Roll under accessible)	
		3 Kitchen – Accessible Roll under Sink & Front controls on any appliances	
		4 Kitchen – Pull out drawers in lower cabinetry	
		5 Visual and Audible Smoke Alarms/Other Adaptive Devices	
		6 Provide Vinyl flooring throughout home (no carpet)	
		7 *Provide flat access to the entrance to the home (If desired, choose a or b below)	
		7a *ADA compliant Wheelchair Accessible Ramp	
		7b Wheelchair Accessible - Vertical Platform Lift	
		8 Other (increased accessibility to bedrooms):	

* Conditions apply: written medical certification may be required to verify need and final rehabilitation/reconstruction feasibility determination may impact overall applicability.

* If the damaged property requires reconstruction, a ramp is required according to TX Visitability Code 25-12-241. Exceptions (due to site-specific conditions, etc.) will be submitted via a completed waiver form that is reviewed and approved by the TX General Land Office prior to Construction NTP

SECTION 2: CERTIFICATION SIGNATURE(S)

Applicant Signature:		Date:	
Co-Applicant Signature: (If Applicable)		Date:	



Homeowner Assistance Program (HoAP)

Verification of Disability

FORM H2

Applicant Name:		Applicant ID #:	
Co-Applicant Name: <i>(If Applicable)</i>		Damaged Property:	
Name of Person(s) Claiming Disability:			

SECTION 1: INSTRUCTIONS

In order to render assistance targeted to program applicants or other persons claiming disability/special needs, the City must verify the applicant's status. There are three methods of verification, depending upon whether the disability/special need is visible or non-obvious, or whether the disabled/special needs person receives disability-related federal benefits. Please proceed to the section below that corresponds to the circumstances of the applicant or person claiming disability/special needs named above.

SECTION 2: DISABILITY (CHOOSE ONE)

☐ 1. Visible Disability:

Check this box if, in the reasonable judgment of the City representative, the person named above has a visible disability/special need. Examples of visible disability/special need are blindness or permanent necessity of wheelchair use. No further verification of disability/special needs is required.

☐ 2. Receipt of Federal Disability Benefits:

Check this box if the person named above receives disability-related Social Security ("SSDI"), Supplemental Security Income ("SSI"), Veterans' Administration ("VA"), or other federal benefits. Subrecipient must be able to verify current benefits through reasonable documentation that may include a benefit verification letter from the federal agency involved, canceled checks or direct deposit documents, a completed CDBG-DR Program Form 14.10 ("Verification of Social Security Benefits") showing receipt of SSDI or disability-related SSI benefits, or like records. No further verification of disability/special needs is required.

Type of Documentation Provided: _____ (Attach copy)

☐ 3. Certification of a Medical Professional:

Check this box if the person named above does not have a visible disability/special need and does not receive disability-related federal benefits. In such circumstances, disability/special needs status can only be verified through certification by a medical professional. The City representative must obtain such certification through Medical Professional Verification of Disability form.



Homeowner Assistance Program (HoAP) Child Support Affidavit

FORM I

Required Form

Applicant Name:		Application ID #:	
Co-Applicant Name:		Damaged Property:	

SECTION 1: STATEMENT OF FACTS

I/We, being first duly sworn, do affirm the facts presented herein are true and complete for household members over 18 (*check all that apply*):

A. Household Member Name (*Printed*): _____ Household Member Signature: _____

- ☐ I am **NOT** required to make any child support payments under any court order.
- ☐ I am responsible to make child support payments and:
- ☐ I am **current**, within the last 30 days, on all child support payments; or
- ☐ I am **not current, but on a payment plan** to address delinquent child support payments

B. Household Member Name (*Printed*): _____ Household Member Signature: _____

- ☐ I am **NOT** required to make any child support payments under any court order.
- ☐ I am responsible to make child support payments and:
- ☐ I am **current**, within the last 30 days, on all child support payments; or
- ☐ I am **not current, but on a payment plan** to address delinquent child support payments

C. Household Member Name (*Printed*): _____ Household Member Signature: _____

- ☐ I am **NOT** required to make any child support payments under any court order.
- ☐ I am responsible to make child support payments and:
- ☐ I am **current**, within the last 30 days, on all child support payments; or
- ☐ I am **not current, but on a payment plan** to address delinquent child support payments

D. Household Member Name (*Printed*): _____ Household Member Signature: _____

- ☐ I am **NOT** required to make any child support payments under any court order.
- ☐ I am responsible to make child support payments and:
- ☐ I am **current**, within the last 30 days, on all child support payments; or
- ☐ I am **not current, but on a payment plan** to address delinquent child support payments

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 Applicable*)

Before me personally appeared the person whose signature(s) 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 – Printed Name

Date Notary's Commission Expires

NOTARY'S SEAL



Homeowner Assistance Program (HoAP)

Acknowledgement of Lead Based Paint Notice

FORM J

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

Instructions: Once you have received a copy of the “Protect Your Family from Lead in Your Home” Booklet, please sign below acknowledging receipt of your Lead Based Paint Notice.

SECTION 1: ACKNOWLEDGEMENT OF RECEIPT OF LEAD-BASED PAINT NOTICE			
<i>I have read the booklet “Protect Your Family from Lead in Your Home” that explains the dangers of Lead-Based Paint and the steps I can take to protect my family.</i>			
Applicant Signature:		Date:	
Co-Applicant Signature: (If Applicable)		Date:	



Homeowner Assistance Program (HoAP)

Independent Repairs Stop Work Notification

FORM K
Required Form

Applicant Name:		Applicant ID #:	
Co-Applicant Name: <i>(If Applicable)</i>		Damaged Property:	

SECTION 1: INDEPENDENT REPAIRS STOP WORK NOTIFICATION

Existing Contractor at time of HoAP Application? Yes ☐ No ☐

Name of Contractor _____

***Must also complete the Contractor Verification Form**

Repairs started prior to the date of the HoAP Application? Yes ☐ No ☐

If an Applicant is determined to be conditionally eligible for the Homeowner Assistance Program (HoAP), an initial site inspection (ISI) will be performed at the property listed above to assess existing damage along with (if applicable) post Harvey completed repairs. This inspection will help to determine the benefits that may be eligible in relation to the property.

To ensure compliance with federal regulations including the Environmental Review Record (Tier II) requirements and to achieve an accurate damage assessment, HoAP mandates that applicant(s) cease all repair work effective immediately, until further notice.

If Harvey related repairs are performed after the date of the HoAP Application AND prior to receiving a formal Notice to Proceed (NTP), the property may be withdrawn from this program.

All repairs completed after December 31, 2020 may not be eligible and no repair costs completed after the date of the HoAP Application will be eligible for reimbursement. All (eligible) repairs must be verified.

SECTION 2: CERTIFICATION SIGNATURE(S)

I certify that all repairs were completed prior to December 31, 2020.
I understand the above notification that all repairs must stop until further notice.

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

Date: _____



Homeowner Assistance Program (HoAP)

FORM M

Name Affidavit

Applicant Name:		Applicant ID #:	
Co-Applicant Name: <i>(If Applicable)</i>		Damaged Property:	

SECTION 1: NAME AFFIDAVIT

Personally, came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the undersigned Affiant, who, after first being duly sworn on oath, states that she/he is one and the same person listed below and set forth in the application under the City of Houston Housing & Community Development Department relating to the property 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 Applicable)*

Before me personally appeared the person whose signature(s) 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 – Printed Name

Date Notary's Commission Expires

NOTARY'S SEAL



Homeowner Assistance Program (HoAP)

FORM M

Name Affidavit

Applicant Name:		Applicant ID #:	
Co-Applicant Name: <i>(If Applicable)</i>		Damaged Property:	

SECTION 1: NAME AFFIDAVIT

Personally, came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the undersigned Affiant, who, after first being duly sworn on oath, states that she/he is one and the same person listed below and set forth in the application under the City of Houston Housing & Community Development Department relating to the property 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 Applicable)*

Before me personally appeared the person whose signature(s) 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 – Printed Name

Date Notary's Commission Expires

NOTARY'S SEAL



Homeowner Assistance Program (HoAP)

Statement and Explanation of Facts (Form 1010)

Applicants must complete a Form 1010 and provide a statement/explanation of supporting documentation.

Applicant Name:		Applicant ID #:	
Co-Applicant Name: <i>(If Applicable)</i>		Damaged Property:	
Subject/Regarding:			

SECTION 1: STATEMENT/EXPLANATION OF SUPPORTING DOCUMENTATION

SECTION 2: SIGNATURES

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 of Signature

Co-Applicant Signature *(If Applicable)*

Date of Signature



INFORMATION

Applicant Name

Co-Applicant Name (if applicable)

Program

Address (if applicable)

DISCLOSURE

Federal, state, and local laws require that participants in HCDD programs disclose any potential conflicts of interest.

Are you, your immediate family member(s)*, or your business partner(s) an employee, agent, consultant, officer, elected or appointed official, sub-recipient, or vendor of the City of Houston?

☐ Yes (see below)

☐ No

*Includes, whether by blood, marriage, or adoption: spouse, parent (including a stepparent), child (including a stepchild), sibling (including a step-sibling), grandparent, grandchild, and in-laws.

Please indicate the names, positions, and telephone numbers for each person applicable to the above question, including yourself (if applicable)

APPLICANT SIGNATURES

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. I/we understand that this application may be delayed or found ineligible if a conflict of interest is found to exist and no waiver is granted.

Applicant Signature and Date

Co-Applicant Signature and Date (if applicable)

FOR OFFICE USE ONLY

PROGRAM STAFF

Does covered person have a potential conflict of interest? (see Sec. 3.2 of Policy ##01-040)

Provide justification (Attach additional sheet if necessary)

☐ Yes (Answer next question)

☐ No (STOP-process normally)

Initials and Date

PROGRAM STAFF

Are Homeless Housing and Services Program (HHSP) funds involved?

☐ Yes (STOP-applicant ineligible)

☐ No (Forward to Grants Admin)

Initials and Date

GRANTS ADMINISTRATION

Did Housing and Urban Development grant a waiver?

☐ Yes (Forward to Program Area)

☐ No (Forward to Director's Office)

Initials and Date

FOR DIRECTOR'S OFFICE USE ONLY

DIRECTOR'S OFFICE

Did Legal assent to the use of non-federal funds?

☐ Yes (Attach written confirmation. Send to Director)

☐ No (STOP-applicant ineligible)

Initials and Date

DIRECTOR

Use of non-federal funds granted?

☐ Yes (Attach funding source)

☐ No (STOP-applicant ineligible)

Initials and Date