



Homeowner Assistance Program (HoAP) Insurance, Benefits and Expenditures Certification

FORM C

Required Form

Applicant Name:		Application ID #:	
Co-Applicant Name: <i>(If Applicable)</i>		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:	
				Policy Number:	
				Agent Name:	
				Agent Phone:	
				Settled Amount: <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:	
				Policy Number:	
				Agent Name:	
				Agent Phone:	
				Settled Amount: <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:	
				Policy Number:	
				Agent Name:	
				Agent Phone:	
				Settled Amount: <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: <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 <i>(Where work was done)</i>	Description <i>(What work was done)</i>	Quantities <i>(When applicable)</i>	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		
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Paint <input type="checkbox"/> Other		
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 <i>(Where work was done)</i>	Description <i>(What work was done)</i>	Quantities <i>(When applicable)</i>	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 <i>(only include stove and/or refrigerator)</i>				
21	Elevation & Foundational Repairs/Floors				
22	Mobility/ Accessibility				
23	Mitigation & Resilience <i>(flood vents, shutters)</i>				
24	Design Costs <i>(permits, surveys, geotech, elevation certificate)</i>				
25	TOTAL SPENT <i>(Please total rows 1 – 24)</i>				\$
26	Outbuildings Repair <i>(Garages, Fences, Sheds, carports)</i>				
27	Appliances <i>(Only include washer, dryer, dishwashers, microwaves)</i>				
28	Temporary Housing	N/A	N/A	Number of Weeks: _____	
29	Other				
30	TOTAL SPENT <i>(Please total rows 26 – 29)</i>				\$

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 _____

