



# Homeowner Assistance Program (HoAP) Ownership and Signatory Authority Affidavit

FORM F

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

### 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

