



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

