



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

