



Homeowner Assistance Program (HoAP)

Addendum: Federal Register Warning Affidavit

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

SECTION 1: STATEMENT OF FACTS

I/We, being first duly sworn, do affirm that all information, documentation and facts provided by me/us for my/our participation in the Homeowner Assistance Program (HoAP) are true and correct to the best of my/our knowledge, including:

1. **Intake Application and Packet**
2. **Application Document Checklist (Form A)** – any and all supporting documentation required for my participation
3. **Communication Designee (Form B)** – if applicable
4. **Insurance, Benefits and Expenditures Certification (Form C)**
5. **Household Income Certification (Form D1)**
6. **Adjusted Gross Income (AGI) Worksheet (Form D2)** – if applicable
7. **Certification of Zero Income (Form D3)** – if applicable
8. **Right-of-Entry and Release of Information (Form E)**
9. **Ownership and Signatory Authority Affidavit (Form F)** – if applicable
10. **Primary Residency and Occupancy Affidavit (Form G)** – if applicable
11. **Homeowner Mobility Modification List (Form H1)**
12. **Medical Professional Verification of Disability (Form H3)** – if applicable
13. **Child Support Affidavit (Form I)**
14. **Attorney General’s Authorization for Release of Information or Payments**
15. **Acknowledgement of Lead Based Paint Notice (Form J)** – if applicable
16. **Independent Repairs Stop Work Notification (Form K)**
17. **Household Member Composition Adjustment (Form L)** – if applicable
18. **Name Affidavit (Form M)** – if applicable
19. **Lender Consent to Home Repair** – if applicable
20. **Duplication of Benefits (DOB) Reconciliation Worksheet**
21. **Statement and Explanation of Facts (Form 1010)** – if applicable
22. **Contractor Eligibility Verification** – if applicable

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’S SEAL

Notary – Printed Name

Date Notary’s Commission Expires

