



Texas General Land Office
Community Development and Revitalization
Affidavit of Ownership

Applicant Information		
Program:	Disaster:	
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	State:	ZIP Code:
Statement of Ownership		
<i>A separate form must be completed for each Applicant. Select all that apply.</i>		
In the absence of a valid Deed of Trust, Warranty Deed, Fee Simple Title, or Statement of Ownership I affirm that I own the property located at the Applicant Physical Address listed above. I have provided the following alternate forms of documentation to establish ownership:		
<input type="checkbox"/>	Last Will and Testament (signed, notarized, and recorded)	
<input type="checkbox"/>	Life estate or trust instrument	
<input type="checkbox"/>	Contract for Deed	
<input type="checkbox"/>	99-year lease	
<input type="checkbox"/>	Court order	
<input type="checkbox"/>	Affidavit of Heirship (signed, notarized, and recorded)	
<input type="checkbox"/>	Deed of Trust and/or mortgage documentation	
<input type="checkbox"/>	Property tax records from the most recent taxable year	
Applicant Affirmation		
<i>Select only one.</i>		
I affirm that no person other than the named Applicant(s) may be entitled to claim any ownership interest in the property located at the Applicant Physical Address.		<input type="checkbox"/>
I affirm that each person who may be entitled to claim an ownership interest in the property located at the Applicant Physical Address has given written consent to the application or was not located after a reasonable effort* conducted by the Applicant(s), as determined by the GLO. <i>*Supporting documentation of consent and/or reasonable efforts made must be submitted to the GLO for review.</i>		<input type="checkbox"/>
Applicant Certification		
Under penalty of perjury, I certify that the information presented in this Affidavit is true and correct to the best of my knowledge and belief. I understand that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in my household's ineligibility to participate in the Program.		
Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.		
Signature(s)		
Applicant Printed Name:		Date:
Applicant Signature:		

Notary Verification

State of _____

County/Parish of _____

Before me, a notary public, on this day personally appeared _____,
known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared
that the statements therein contained are true and correct.

Notary Printed Name:

Notary Signature:

Date Notary's Commission Expires:

Notary Seal: