

Texas General Land Office Community Development and Revitalization Declaration Concerning Independent Repairs

Applicant Information				
Program:		Disaster:		
Applicant Name(s):				
Application ID:				
Applicant Physical Address:				
City:	State:		ZIP Code:	
Applicant Confirmation				
I confirm that Disaster-related repairs to the property located at the Applicant Physical Address will cease starting today.				
I do not confirm that repairs to the property related List ongoing or anticipated independent repairs:	l to the Disa	ster will cease start	ing today.	
Applicant Declaration				
Under penalty of perjury, I declare that I have been informed and understand that any additional repairs made to the damaged property may change the information gathered during Program damage inspections and that my application may be made ineligible for participation and withdrawn from the Program if additional repairs are made after today. I declare that the information provided herein is true and correct. I understand that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in my 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.				
Signatures				
Applicant Printed Name:				Date:
Applicant Signature:				
Applicant Printed Name:				Date:
Annlicant Signature:				