



**Texas General Land Office**  
**Community Development and Revitalization**  
**Declaration of Award Cancellation**

| Applicant Information   |                         |                         |
|---|-------------------------|-------------------------|
| <b>Program:</b>   | <b>Disaster:</b>        |                         |
| <b>Applicant Name(s):</b>   |                         |                         |
| <b>Application ID:</b>  |                         |                         |
| <b>Applicant Physical Address:</b>  |                         |                         |
| <b>City:</b>  | <b>State:</b>           | <b>ZIP Code:</b>        |
| Instructions  |                         |                         |
| <p>Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act prohibits any person from receiving financial assistance with respect to any part of a loss as to which he/she has received previous financial assistance. Applicant must disclose any federal funds awarded or financial assistance from an insurance provider or other source due to the Disaster, even if the award or assistance was declined or cancelled. Complete this form if you declined or cancelled an award or financial assistance from the Federal Emergency Management Agency (FEMA), Small Business Association (SBA), National Flood Insurance Program (NFIP), Texas Windstorm Insurance Association (TWIA), insurance provider, or other source. Documentation of the declined or cancelled award(s) or financial assistance must be submitted to the Program.</p> |                         |                         |
| Award Cancellation Information  |                         |                         |
| Applicant declined or cancelled the following award(s) or financial assistance. (Check all that apply.)   |                         |                         |
| Source of Award/Assistance  | Award/Assistance Number | Award/Assistance Amount |
| <input type="checkbox"/> FEMA   |                         |                         |
| <input type="checkbox"/> SBA  |                         |                         |
| <input type="checkbox"/> NFIP   |                         |                         |
| <input type="checkbox"/> TWIA   |                         |                         |
| <input type="checkbox"/> Homeowners Insurance<br>Provider Name:   |                         |                         |
| <input type="checkbox"/> Other:   |                         |                         |

### Applicant Certification

Under penalty of perjury, I declare that I declined or cancelled the award(s) or financial assistance listed above and that I will not reinstate the award(s) or assistance after receiving assistance from the GLO. I further certify that the information presented in this Declaration is true, accurate, and complete to the best of my knowledge and belief. I further 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:**

**Applicant Signature:**