

Texas General Land Office Community Development and Revitalization Declaration of One and Same Person

Applicant Information				
Program:		Disaster:		
Applicant Name(s):				
Application ID:				
Applicant Physical Address:				
City:	State:		ZIP Code:	
Household Member Full Legal Name A separate form must be completed for each household member over the age of 18.				
Household Member Name:				
Name Variations List all known name variations used in an eligibility document submitted by the household member identified above.				
Variation:	Va	Variation:		
Variation:	Va	Variation:		
Variation: Variation:		ariation:		
Variation:	Va	ariation:		
Variation: Va		ariation:		
Household Member Declaration				
Under penalty of perjury, I declare that I am one and the same person identified by the names listed above and that the information presented in this Declaration is true and correct. 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 fals to civil or criminal penalties under 18 U.S.C. 287, 1			causes another to	do so may be subject
	Signa	ature		
Household Member Name:				Date:
Household Member Signature:				