| **Homeowner Certification and Agreement to Participate and Floor Plan Selection** | |
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| **GLO’s Designated Representative (“GDR”) Name:** | **Contract No. and/or WO:** |
| **Applicant Name:** | **Co-Applicant Name:** |
| **Physical Address:** | |
| **Building Contractor Name:** | |
| **Building Contractor Address:** | **Building Contractor Office Phone:** |
| **Construction Type:** | |
| **Floorplan Name:** | |

1. The Resilient Home Program (RHP) will replace owner-occupied single-family homes damaged by Hurricane Harvey with a reconstructed home that meets additional resiliency and mitigation standards required of the RHP.
2. I certify that I am the owner of the home located at the above-referenced address.
3. As the homeowner, I acknowledge I am responsible for completing and returning all required documentation to the GLO Designated Representative (“GDR”) within the time period stated by the GDR. If I fail to provide these documents within the designated time period, or if I fail to respond to any inquiries made by the GDR, I may experience delays in assistance or be disqualified from participating in this program.
4. I understand that only reconstruction projects will be available.
5. I understand the funding limitations of the Program and have been informed of the floorplans available for selection. I have reviewed the available construction options with my GDR and have selected the floorplan listed above. I understand my selection is final.
6. I understand I will be responsible for obtaining and maintaining hazard insurance, flood and/or windstorm insurance, if applicable, following the completion of assistance.
7. I have reviewed all contractual materials in coordination with my applicant coordinator and fully understand all standards, specifications, work write-ups, cost estimates, and/or required documentation prior to signing this form.
8. If I have requested and been approved for the payment of insurance, I understand that it will be my responsibility to maintain such insurance after the first year as required by the terms of my Unsecured Forgivable Promissory Note and as required by law.

**Requested and approved for payment for one (1) year of insurance(s)**

**I do not elect or do not qualify to receive insurance through the Program.**

1. RECONSTRUCTION ACTIVITIES:
   1. The scope of service to be provided was discussed with me and will be further outlined at the pre-construction conference. During the conference, I will receive documentation of all materials and specifications to be used in construction as stated in the “Work Write-Up/Cost Estimate” (Form 11.17) and agreements.
   2. I understand it is my responsibility to arrange access to the home for the Building Contractor, inspectors, and workers performing construction to the home. Following completion of the construction, the home will continue to be accessible for completion of punch list items, warranty work, and confirmation that environmental issues have been addressed. If reasonable and timely access is denied to a Building Contractor, inspector, or worker who is attempting to make a good faith effort to make or inspect the property, I will become responsible for completing the repairs or mitigation measures at my expense.
   3. I understand that the security of the property and personal items on the property is my responsibility and that I may be required to move and/or store personal property at my expense. If personal property is damaged, displaced or lost during the construction or inspection of the property, I will immediately report the situation to the GDR, but it will be my responsibility to pursue damages for any losses through my insurance provider. I will complete a photographic and written inventory of my possessions prior to the beginning of construction activities.
   4. During reconstruction, I will not touch, disturb, move, or otherwise affect the construction areas, tools, materials and/or equipment belonging to the Building Contractor. I will make a reasonable effort to stay away from the construction zone and I will contact the Building Contractor prior to accessing my property.
   5. I will provide all existing utilities for use by the Building Contractor only as they relate to the reconstruction of the home. I am responsible for continuous maintenance and payment of existing utilities.
   6. I will review each “Contractor’s Request for Payment” (Form 11.04*),* and I will make a reasonable effort to inspect each item that the Building Contractor submits for payment prior to approving the payment request. By signing the “Contractor’s Request for Payment” form (Form 11.04),I am verifying that to the best of my knowledge and belief each of the listed repair items has been completed according to the required standards and specifications. If I am not satisfied with a particular item of repair that has been presented for payment, I will notify my builder and the GDR. If the construction is completed according to standards and specifications, but I refuse to approve the payment request, I understand that I may be responsible for payment to the Building Contractor for any lost time. The GDR shall attempt to resolve any such conflicts.
   7. Before approving finalpayment, I will receive a warranty from the Building Contractor. If warranty work is required during the warranty period, I will be responsible for contacting the Building Contractor by telephone. If no contact is made by telephone, I may immediately report the situation to the GDR. I will provide the GDR with copies of any documents I have supporting my attempt to contact the Building Contractor. If warranty issues or other complaints remain unresolved, I agree to adhere to the Program’s “Complaint and Appeal Policy,” including an informal conference and possibly binding arbitration.
   8. If I am eligible and have been approved for the payment of temporary relocation assistance, I understand that it will cover up to $6,000 or 4 months of assistance, which ever one comes first. If temporary relocation expenses exceed $6,000 within the 4-month period, it will be my responsibility to pay for the expense.

**I have requested and was approved for payment for temporary relocation expenses**

**I do not elect or do not qualify to receive temporary relocation assistance through the Resilient Home Program.**

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| **Certification** | |
| I/We certify that I/we have read and understand this “Homeowner Certification and Agreement to Participate in the CDBG Mitigation Program”. I/We certify that the GDR has explained to me/us and I/we understand the benefit options available under the Program.  Under penalties of perjury, I/we certify that the information submitted for my/our application for assistance and the information presented in this document 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.  **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.**  **I/We choose to participate in the Program and to comply with all Program requirements.**  **I/We choose NOT to participate in the Program or to receive any services provided and/or funded by the Program.** | |
| **Printed Name of Applicant:** | **Date:** |
| **Signature of Applicant:** |
| **Printed Name of Co-Applicant:** | **Date:** |
| **Signature of Co-Applicant:** |