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| **Sworn Statement – Notary Required** | | | | | |
| **Applicant/Co-Applicant Information** | | | | | |
| **Applicant Name:** | | **Co-Applicant Name:** | | | |
| **Name of Household Member:** | | | | | |
| **Physical Address:** | | | | | |
| **City:** | **State: Texas** | | | **Zip Code:** | |
| **Statement of Facts** | | | | | |
| The undersigned Affiant, who, after first being duly sworn on oath, states that she/he is one and the same person listed below and set forth in the application under the General Land Office’s Disaster Recovery program related to the aforementioned property. **Please list all known name variations, separate the names by a “;”** | | | | | |
| **Name Variations:** | | | | | |
| **Signatures (Notarization Required)** | | | | | |
| Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I 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 Programs that will accept this Affidavit.  **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.** | | | | | |
| **Household Member Printed Name:** | | | | | **Date:** |
| **Household Member Signature:** | | | | |
| **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. | | | | | |
| **Signature of Notary** | | | **NOTARY SEAL** | | |
| **Notary Public – Printed Name** | | |
| **Date Notary’s Commission Expires** | | |