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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant/Co-Applicant Information** | | | | | | |
| **GLO’s Designated Representative (“GDR” Name:** | | | **Contract No. and/or WO:** | | | |
| **Applicant Name:** | | | **Co-Applicant Name:** | | | |
| **Physical Address:** | | | | | | |
| **City:** | **State: Texas** | | | **Zip Code:** | | |
| **Directions** | | | | | | |
| 1. Findings must be supported by pictures and statements/certifications from authorized/certified persons as appropriate (e.g. Certified inspectors, city/county building inspectors, health inspectors, etc.). 2. Ensure the Estimated Cost of Repairs (“ECR”) is in the file if applicable. 3. To proceed with Homeowner Assistance Program (“HAP”), the last box must be checked indicating a cost-effectiveness evaluation has been completed. | | | | | | |
| **Checklist** | | | | | | |
| **An initial inspection of the applicant’s property has been completed and one or more of the following conditions are present (Check off each box below individually):** | | | | | | |
| **Findings** | | | | | **Please check applicable findings** | |
| The estimated damage amount on the ECR exceeds $65,000 and cannot be rehabilitated (utilize the 11.01 Initial Inspection – Long form). | | | | |  | |
| House was demolished by storm (vacant lot). | | | | |  | |
| House was demolished by city/county because of slum/blight or otherwise unsafe condition or has been tagged for demolition by city/county. | | | | |  | |
| House is unsafe to enter and conduct a full inspection. | | | | |  | |
| Deterioration of structural infrastructure and/or moisture damage, mold and/or toxicity. | | | | |  | |
| Extensive damage to roofing. | | | | |  | |
| Extensive damage to floor and subfloor. | | | | |  | |
| Complete electrical rewire and/or plumbing including waste supply and fixtures. | | | | |  | |
| House is a manufactured housing unit (with damages that exceed $10K and/or the unit is over 5 years old) and will be replaced with a stick built home. | | | | |  | |
| Inspection has confirmed that the rehabilitation or reconstruction of the unit is a cost-effective solution because   1. Applicant is not in a floodway; and 2. Applicant is not participating in an acquisition or a buyout program, either because a program is not available for their property location or because it is more cost-effective to participate in HAP than locally administered acquisition/buyout programs. | | | | |  | |
| **Recommended Type of Assistance to be Offered:** | | | | | | |
| **Notes:** | | | | | | |
| **Complete this Section when Elevation is Required or Requested** | | | | | | |
| **Home is in a Flood Plain:** | | **Yes No** | | | | |
| **Foundation Type:** | | **Pier and Beam Slab on Grade** | | | | |
| **High Water Mark Location:** | | **Crawlspace First Floor** | | | | |
| **Height of High-Water Mark:** | |  | | | | |
| **Documentation Type (FEMA HWM, Inspection Photos, etc.):** | |  | | | | |
| **Comments:** | |  | | | | |
| **Signature(s)** | | | | | | |
| Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my 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 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.** | | | | | | |
| **Inspector Printed Name:** | | | | | | **Date:** |
| **Inspector Signature:** | | | | | |

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