| **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:** |
| **Project Type :** | | | | |
| **Contractor Information** | | | | |
| **Contractor Name:** | | **Contractor Contract Number (if applicable):** | | |
| **Contractor Address:** | | **Contractor City/State/Zip Code:** | | |
| **Payment Request: $** | | **Requested Date:** | | |

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| Under penalties of perjury, I/we certify that the information presented in this Affidavit 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 this program or any other 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.** | |
| **Contractor’s Certification and Request for Inspection** | |
| **I hereby certify that:** | |
| The information presented on this form is true and complete to the best of my knowledge; | |
| Construction (including repair work) or other work performed to date on the above-referenced address(es) has been satisfactorily completed in accordance with the terms and requirements of the Community Development and Revitalization Program; | |
| All expenses for which payment is being requested herein were incurred on the above-referenced address(es); and | |
| All expenses incurred to date have been paid in full to contractors (including subs) and vendors. | |
| **Contractor Signature:** | **Date:** |
| **Homeowner Certification**  *(N/A if demolition only project)* **N/A** | |
| I agree that the work performed to date by the above-referenced contractor has been satisfactorily completed in accordance with the terms of the rehabilitation/reconstruction, and I approve and authorize payment in the amount requested. | |
| **Applicant Signature:** | **Date:** |
| **Co-Applicant Signature:** | **Date:** |
| **Inspector Certification** | |
| I hereby certify the work for which contractor is requesting payment has been performed and satisfactorily completed in accordance with requirements of the Community Development and Revitalization Program, including all applicable construction standards and specifications, and local code requirements. I approve and  authorize the payment for the amount requested. | |
| **Printed Name of Inspector:** | **Date:** |
| **Inspector Signature:** |
| **GLO’s Designated Representative Certification** | |
| I hereby certify the work for which contractor is requesting payment has been performed and satisfactorily completed in accordance with requirements of the Community Development and Revitalization Program,  including all applicable construction standards and specifications, and local code requirements. I hereby approve and authorize the requested payment in the amount requested. | |
| **Printed Name of GLO’s Designated Representative (GDR):** | **Date:** |
| **GLO’s Designated Representative (GDR) Signature:** |