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| **Applicant/Co-Applicant Information** |
| **Applicant Name:**  | **Co-Applicant Name:**  |
| **Physical Address:**  |
| **City:**  | **State: Texas** | **Zip Code:**  |
| **Repairs** |
| [ ] I did not complete any repairs on the property listed above; or,[ ] I completed repairs on the property listed above and will list them on this form. |
| To verify that repairs were performed on the damaged home due to the recent event(s), identify all eligible items below. Provide a description of the item that was repaired, the amount paid for the repair, and indicate if a receipt is present. |
| **Description of Repairs** | **Amount** | **Was a Contractor Hired?** | **Receipts** |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
|  | $  | [ ] Yes [ ] No | [ ] Yes [ ] No |
| ***Total*** | ***$***  |  |
| **Signature(s)** |
| Under penalties of perjury, I certify that the information presented in this document 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 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.** |
| **Applicant Printed Name:**  | **Date:**   |
| **Applicant Signature:**  |
| **Co-Applicant Printed Name:**  | **Date:**   |
| **Co-Applicant Signature:**  |