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| **Administrator:**  | **Contract/RSP Number:**  |
| **Beneficiary Name:**  |
| **Project Address:** |

## Section 1

## Homeowner’s Certification of CURRENT Principal Residence

This Section is applicable only to Homeowners who **CURRENTLY** occupy the home for which assistance is being requested. If Homeowner is not currently occupying the home, refer to Section 2.

## Homeowner hereby certifies:

## Homeowner owns and currently occupies the above-referenced Project Address as his/her principal residence as evidenced by support documents provided verifying the physical address;

* Homeowner will continuously occupy Project Address as his/her principal residence throughout the required affordability period in accordance with requirements of the HOME Investment Partnership Program (HOME);

All information he/she has provided to Administrator and Texas Department of Housing and Community Affairs (TDHCA) is true and correct, and that any discrepancies or misstatements may result in disqualification from the HOME Program.

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Signature of Homeowner Date Signature of Homeowner Date

## Section 2

**Homeowner’s Certification of UNOCCUPIED Principal Residence**

**(If Homeowner is currently occupying the home, refer to Section 1.)**

This Section is applicable only to Homeowners who ARE NOT CURRENTLY OCCUPYING the home for which assistance is being requested because the home has been determined to be un-inhabitable.

Uninhabitability must be due to disaster, condemnation by local government, or due to health and safety concerns documented by local government, within four years of submission of a reservation of funds. (10 TAC 23.30(a)(2)(C)(i)-(ii)).

## Homeowner hereby certifies:

## Homeowner owns the above-referenced Project Address as his/her principal residence but is not currently occupying the home due to its un-inhabitable condition which resulted from:

 [ ]  Home was destroyed by fire or natural disaster on      (date);

 Was destruction due to a state-declared or federally-declared disaster? [ ]  Yes [ ]  No

 If yes, did Homeowner receive housing repair assistance from any other source (including homeowner’s insurance, FEMA, SBA, etc.)? [ ]  Yes [ ]  No

 [ ]  Home was condemned by local government on       (date);

 [ ]  Home was determined by local government to be a threat to health and safety on

       (date);

(Continued on Page 2)

## As of the date the home was determined un-inhabitable, the Project Address was Homeowner’s principal residence and homestead, as evidenced by the homestead exemption issued by the local taxing authority;

* Homeowner will continuously occupy the newly constructed Project Address as his/her principal residence throughout the required affordability period in accordance with requirements of the HOME Investment Partnership Program (HOME);
* Acknowledges that acceptance of HOME Program assistance will result in the attachment of a lien against Project Address in favor of Texas Department of Housing and Community Affairs (TDHCA);

All information he/she has provided to Administrator and TDHCA is true and correct, and that any discrepancies or misstatements may result in disqualification from the HOME Program.

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Signature of Homeowner Date Signature of Homeowner Date

**Section 3**

**Administrator Certification**

Administrator hereby certifies all documentation provided by the above-referenced Homeowner has been examined and Homeowner has been determined eligible to participate in the HOME Program.

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Signature of Administrator Date

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| *Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.* |
| **SimpleSeal BLACK med res.jpg** | **Texas Department of Housing and Community Affairs**Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.texas.gov Web: www.tdhca.texas.gov | Eq Hsng logo transparant |