



Texas General Land Office
Community Development and Revitalization

Homeowner Reimbursement Program for 2024 Disasters (HRP – 24D) Intake Application

1. Applicant Information (Must Own Home at Project Physical Address)

Applicant Name:

Project Physical Address:

City	State:	ZIP Code:
Home Phone:		Cell Phone:
Applicant Email:		Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish

2. Applicant Information (Must Own Home at Project Physical Address)

Applicant Name:

Project Physical Address:

City	State:	ZIP Code:
Home Phone:		Cell Phone:
Applicant Email:		Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish

3. Authorized Representative Information

Applicants can readily access the application and Project information and make decisions during the application and construction processes. No other person (including a household member) is allowed to receive application and/or Project information unless an Applicant appoints them as an Authorized Representative. Applicants must also submit with their application a Consent to Release Information (CRI) form naming the Authorized Representative identified herein. Authorized Representatives cannot make decisions on behalf of Applicants and may only receive application and Project information verbally.

☐ **I, the Applicant named below, appoint the following individual to be an Authorized Representative allowed to receive information relating to this application and/or the Project in accordance with the signed CRI.**

Appointing Applicant Name(s):

Authorized Representative Name:

Physical Address:

City	State:	ZIP Code:
Home Phone:		Cell Phone:
Email:		

4. Power of Attorney Information

☐ **The applicant and/or co-applicant would like to appoint a Power of Attorney for the account.**
I, the Applicant named below, notify the GLO that the Agent identified below has the authority to act on my behalf regarding this application and the Project under a valid Power of Attorney, a copy of which is submitted with this application.

Power of Attorney Agent Name:

Agent Physical Address:

City	State:	ZIP Code:
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Home Phone:		Cell Phone:	
Email:		Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	

5. Project Type

I understand that I am applying for reimbursement for completed home repairs.	Yes	No
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6. Eligibility

What type of home is the damaged home? <i>(Select only one)</i> <input type="checkbox"/> Single family home <input type="checkbox"/> Semi-detached home <input type="checkbox"/> Travel trailer <input type="checkbox"/> Duplex <input type="checkbox"/> Manufactured Housing Unit (MHU) <input type="checkbox"/> Other (Please specify): <input type="checkbox"/> Townhome <input type="checkbox"/> Multi-family home		
Is your home located in one of the following counties? <i>Select the county your home is located in.</i> <input type="checkbox"/> Anderson <input type="checkbox"/> Fort Bend <input type="checkbox"/> Jasper <input type="checkbox"/> San Jacinto <input type="checkbox"/> Bell <input type="checkbox"/> Galveston <input type="checkbox"/> Kaufman <input type="checkbox"/> Smith <input type="checkbox"/> Brazoria <input type="checkbox"/> Guadalupe <input type="checkbox"/> Liberty <input type="checkbox"/> Trinity <input type="checkbox"/> Caldwell <input type="checkbox"/> Hardin <input type="checkbox"/> Matagorda <input type="checkbox"/> Tyler <input type="checkbox"/> Cooke <input type="checkbox"/> Hays <input type="checkbox"/> Montgomery <input type="checkbox"/> Walker <input type="checkbox"/> Dallas <input type="checkbox"/> Henderson <input type="checkbox"/> Newton <input type="checkbox"/> Wharton <input type="checkbox"/> Denton <input type="checkbox"/> Hockley <input type="checkbox"/> Polk	Yes	No
Was your home damaged by a disaster that occurred in 2024? <i>Select all disaster events that apply.</i> <input type="checkbox"/> Texas Hurricane Beryl <input type="checkbox"/> Texas Severe Storms, Straight-line Winds, Tornadoes, and Flooding <input type="checkbox"/> Texas Smokehouse Creek Fire <input type="checkbox"/> Texas Windy Deuce Fire	Yes	No
Have you received financial assistance for home repairs related to the 2024 disasters? <i>Select all that apply.</i> <input type="checkbox"/> FEMA <input type="checkbox"/> NFIP <input type="checkbox"/> Homeowners Insurance: <input type="checkbox"/> SBA <input type="checkbox"/> TWIA <input type="checkbox"/> Other (Please specify):	Yes	No
Was the damaged home your primary residence on the date of the disaster event that damaged the home?	Yes	No
Do you currently own the damaged home?	Yes	No
Are there any other names listed on ownership documents for the damaged home? If yes, then please list all names:	Yes	No
If you are seeking assistance for an MHU, then do you own the land on which it is located?	Yes	No
If you are seeking assistance for an MHU, then do you have a valid Statement of Ownership (SOO) filed with the Texas Department of Housing and Community Affairs (TDHCA)?	Yes	No
Do you have a mortgage secured by the damaged home?	Yes	No
If yes, then are you up to date on your mortgage payments?	Yes	No

Does the damaged property have any liens attached? If yes, then list all lienholders:	Yes	No
Has the damaged property been foreclosed on, or is it in the process of foreclosure?	Yes	No
Did you hold a flood insurance policy on the damaged home at the time of the disaster?	Yes	No
If yes, then have you maintained a flood insurance policy since the date of the disaster?	Yes	No
Are you up to date on your property tax payments for the damaged home?	Yes	No
Is the damaged home located in the Federal Flood Risk Management Standard (FFRMS) floodplain?	Yes	No
Are you currently required to pay child support?	Yes	No
If so, then are you up to date on your child support payments?	Yes	No

7. Household Composition and Characteristics:

List all current household members.

Household Member Name	Marital Status	Relationship to Head of Household	Date of Birth	Male or Female (M or F)	Proof of income (if over 18)	Valid ID (if over 18)
1.		Head of Household			<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>

Total Number of Household Members:

8. Demographic and Special Needs Information:

Ethnicity Codes:

A – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.

B – Not Hispanic

Race Codes:

A – White

B – Black/African American

C – Asian

D – American Indian/Alaskan Native

E – Native Hawaiian/Other Pacific Islander

F – American Indian/Alaska Native and White

G – Asian and White

H – Black/African American and White

I – American Indian/Alaska Native and Black-African American

J – Other Multi-Racial

K – Unknown

Special Needs Codes: (Enter all that apply for each household member.)

A – Elderly

B – Person with Disabilities*

C – Colonia Resident

D – Homeless

E – Migrant Farm Worker

F – Public Housing Resident

G – Veteran

H – Wounded Warrior

***Disability Definition:** A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

Household Member Name	Ethnicity Code	Race Codes	Special Needs Code(s)	Limited English Proficiency (Yes or No)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

9. Applicant Certification

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery (CDBG-DR) Program.	Yes	No
I/We hereby certify that all the information provided herein is true and correct.	Yes	No
I/We understand that providing false statements or information is grounds for termination of homeowner reimbursement assistance and is punishable under federal law.	Yes	No

10. Authorization for the Release and Use of Information

The GLO requires the collection of the information listed in this application to determine the household's eligibility for the HRP. By signing this application, the Applicant(s) authorize(s) the GLO or any of its duly authorized representatives to verify the information contained herein, including this section. All household members over the age of 18 must authorize the GLO and its representatives to obtain information that is pertinent to the determination of the household's eligibility for participation in HRP.

Privacy Act Notice Statement: Information collected pursuant to this application will be used by the GLO only to establish the level of benefits the household is eligible to receive and to verify the accuracy of the information furnished by Applicant(s) and household members during the application process. Failure to provide any requested information may result in delay or rejection of your household's HRP eligibility approval. Information received by the GLO from an applicant or household member to verify a household's eligibility may be released by the GLO to the appropriate federal, state, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors.

Note: THIS AUTHORIZATION MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form," must be prepared and signed separately.

All members of the household who are over the age of 18 must authorize the GLO and its representatives to obtain information that is pertinent to determining eligibility for participation in the CDBG-DR Program. I/We acknowledge that:

As indicated by their signatures and initials below, all household members understand and acknowledge the following statements:

- A photocopy of this application is as valid as the original.
- Each household member has the right to review their information received by the GLO using this form.
- Each household member has the right to obtain a copy of information provided to the GLO and to request correction of any information they believe to be inaccurate.
- Each household member must sign this form and cooperate with the eligibility verification process, or the household may be removed from HRP.
- Any collected documents may become electronically permanent records.

Household Member Printed Name and Signature	Disaster Assistance (FEMA, SBA, Insurance, etc.)	Income (all sources)	Occupancy Preference (Special Needs)	Child Support Verification	Other Dependent Information (Full-time student, disabled household member, minor children)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

11. Applicant Declaration, Signature, and Date of Application Submission

Under penalty of perjury, I declare that the information presented in this Declaration is true and correct to the best of my knowledge and belief. I understand and acknowledge that the information I provided this this application is collected to determine if my household is eligible to receive assistance under HRP. By signing this application, I authorize the GLO or any of its duly authorized representatives to verify the information contained herein. I further understand and acknowledge that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in my household's ineligibility to participate in the Program.

Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 2,287, 1001, and 31 U.S.C. 3729.

Applicant Printed Name:	Date:
Applicant Signature:	
Applicant Printed Name:	Date:
Applicant Signature:	
Date Applicant Submitted to Regional Office:	

12. Document Checklist

Applicant must identify the documents submitted with this application by marking the appropriate boxes below.

Completed HRP – 24D Intake Application	<input type="checkbox"/>
Valid photo ID for all household members over 18	<input type="checkbox"/>
Proof of property tax payment	<input type="checkbox"/>
Declaration of Insurance and supporting claims documentation	<input type="checkbox"/>
Declaration of Award Cancellation and supporting letters	<input type="checkbox"/>
Declaration of One and Same Person Form	<input type="checkbox"/>
Affidavit of Primary Residence and supporting documents	<input type="checkbox"/>

Affidavit of Ownership and supporting documents	<input type="checkbox"/>
Affidavit of Additional Owner Consent	<input type="checkbox"/>
Declaration of Zero Income form and supporting documents	<input type="checkbox"/>
Form 14.08 Verification of Employment and supporting documents	<input type="checkbox"/>
Form 14.09 Verification of Income from Business and supporting documents	<input type="checkbox"/>
Form 14.10 Verification of Social Security Benefits and supporting documents	<input type="checkbox"/>
Form 14.11 Verification of Pension and Annuities and supporting documents	<input type="checkbox"/>
Form 14.16 Verification of Recurring Cash Contributions and supporting documents	<input type="checkbox"/>
Form 14.27 Verification of Disability and supporting documents	<input type="checkbox"/>
Affidavit of Child Support form and supporting documents	<input type="checkbox"/>
Self-Certification Statement of Repairs and supporting documents	<input type="checkbox"/>
Declaration Concerning Independent Repairs form	<input type="checkbox"/>
Right of Entry Release form	<input type="checkbox"/>
Consent to Release Information form (if applicable)	<input type="checkbox"/>
Lender Consent to Applicant Home Repair	<input type="checkbox"/>
Proof of Mortgage Payments	<input type="checkbox"/>