



Texas General Land Office
Community Development and Revitalization
Affidavit of Primary Residence

Applicant Information		
Program:	Disaster:	
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	State:	ZIP Code:
Statement of Facts <i>Select all that apply.</i>		
In the absence of a homestead exemption at the time of the Disaster, I hereby affirm that my primary residence was the Applicant Physical Address listed above on the date of the Disaster. I have provided the following alternate proof of my primary residence:		
<input type="checkbox"/>	Utility bills showing active utility service at the time of the Disaster and display consistent use	
<input type="checkbox"/>	Voter registration card	
<input type="checkbox"/>	Credit card statement	
<input type="checkbox"/>	Bank account statement	
<input type="checkbox"/>	Tax return	
<input type="checkbox"/>	Driver's license or Texas Identification Card	
<input type="checkbox"/>	Homeowners insurance policy declaration page	
<input type="checkbox"/>	Rental agreement	
Applicant Certification		
Under penalty of perjury, I certify that my primary residence was the property located at the Applicant Physical Address listed above on the date the property was damaged by the Disaster and that the information presented in this Affidavit is true and correct to the best of my knowledge and belief. I understand that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in my 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. 287, 1001 and 31 U.S.C. 3729.		
Signature(s)		
Applicant Printed Name:		Date:
Applicant Signature:		
Applicant Printed Name:		Date:
Applicant Signature:		

Notary Verification

State of _____

County/Parish of _____

Before me, a notary public, on this day personally appeared _____,
known to me to be the person(s) whose name(s) is/are subscribed to the foregoing document and, being by me first duly sworn,
declared that the statements therein contained are true and correct.

Notary Printed Name:

Notary Signature:

Date Notary's Commission Expires:

Notary Seal: