



Texas General Land Office
Community Development and Revitalization
Right of Entry Authorization and Release

Applicant Information		
Program:	Disaster:	
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	State:	ZIP Code:
Instructions		
The Texas General Land Office (GLO) and vendors assigned to work on your Application require access to your damaged property for the duration of the application review and construction activities to be completed on your home. For work to begin, the GLO must obtain an authorization from you to enter the property for the duration of the Application for Program purposes and a release of liability from damages that may occur to your personal property, person, or third parties that enter, or remain on, the property during the Project term.		
Right-of-Entry Authorization and Release		
I authorize the Texas General Land Office (GLO) and each of its employees, agents, vendors, contractors, and subcontractors (collectively the “Authorized Parties”) to enter in and onto the property located at the Applicant Physical Address for the duration of the Application, for the purpose of performing all necessary Program activities. While on the property, representatives of the Authorized Parties must present credentials, including photo identification, and state the reasons for the site visits if requested by me or another owner of the property. To the greatest extent permitted by law, I release, discharge, and waive any action, either legal or equitable, that might arise out of the Authorized Parties’ activities on the property. I agree to hold the Authorized Parties harmless for damages of any type to any persons or personal property on the property that occur during the duration of the Application.		
Applicant Declaration		
Under penalty of perjury, I declare that that I am an owner of the property located at the Applicant Physical Address with the power to authorize the right-of-entry and issue the release described above. I further declare that the information presented in this form is true, accurate, and complete 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 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. 287, 1001 and 31 U.S.C. 3729.		
Signature(s)		
Applicant Printed Name:		Date:
Applicant Signature:		
Applicant Printed Name:		Date:
Applicant Signature:		