

Texas General Land Office Community Development and Revitalization Statement of Repairs

Progr	am Informatio	n						
Program:	Disaster:							
Vendor:	Case Manager Name:							
Applic	ant Information	on						
Applicant Name(s):								
Application ID:								
Applicant Physical Address:								
City:	State: ZIP Code:							
	ant Confirmati	ion						
I did not complete any repairs to the property related to damages caused by the Disaster.								
I completed repairs to the property related to damages caused by the Disaster, as listed in this form.								
	ment of Repair							
Disaster. For each repair completed, I provided a descr repair, and noted whether a contractor was hired to con the repair. (All invoices, receipts, and other docume payment for the listed repairs must be submitted with the	nplete the repair entation describi	and pro ing the	of of pay work pe	ment can	be subn and pro	nitted to viding p	support proof of	
Description of Repairs		Am	ount		Contractor? Receipts		_	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
				Y	N	Y	N	
Total Co	st of Repairs:			Y	N	Y	N	

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Applicant Declaration

Under penalty of perjury, I declare that I am reporting in this form all repairs made to the property located at the Applicant Physical Address related to damages caused by to the Disaster and 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 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.

Signatures					
Applicant Printed Name:	Date:				
Applicant Signature:					
Applicant Printed Name:	Date:				
Applicant Signature:					