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
Select all that apply.

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:

☐	Utility bills showing active utility service at the time of the Disaster and display consistent use
☐	Voter registration card
☐	Credit card statement
☐	Bank account statement
☐	Tax return
☐	Driver's license or Texas Identification Card
☐	Homeowners insurance policy declaration page
☐	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: Print and add signature in designated spot.	
Applicant Printed Name:	**Date:**
Applicant Signature: Print and add signature in designated spot.	

Disclaimer: *The Texas General Land Office has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date federal laws, rules, and regulations, as applicable. The GLO assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal laws, rules, and regulations and the agency's standard review and update schedule.*

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: Print and add signature in designated spot.
Date Notary's Commission Expires:
Notary Seal:

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