Texas General Land Office
Community Development and Revitalization
Declaration of Insurance

Applicant Information		
Program:	**Disaster:**	
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	**State:**	**ZIP Code:**

Instructions

Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act prohibits any person from receiving financial assistance with respect to any part of a loss as to which he/she has received previous financial assistance. Applicant must disclose all insurance policies held on the damaged property and all insurance claims filed on the damaged property on or after the date of the Disaster. All applicants must complete this form. Documentation demonstrating proof of insurance coverage during relevant time periods must be submitted to the GLO for review. Applicants must also submit any of the following documentation that applies:

- Award Letter – a letter from the insurance company confirming amount awarded for repairs due to damage from the Disaster
- Scope of Work – an itemized list of the items damaged by the Disaster and their estimated cost of repair
- Certificate of Completion – a formal document from the insurance company that verifies damages from the Disaster were repaired
- Letters of Experience – a formal document from the insurance company that lists all claims filed by the applicant at the damaged address since the onset of the insurance policy

Insurance Coverage and Claims

Select Yes, No, or N/A for each item.

Homeowners Insurance	Policy held on date of Disaster	☐ Yes	☐ No	
	Policy active from date of Disaster to completion date of this Declaration	☐ Yes	☐ No	☐ N/A
	Insurance claim filed due to Disaster	☐ Yes	☐ No	☐ N/A
	Insurance claim awarded due to Disaster	☐ Yes	☐ No	☐ N/A
Flood Insurance	Policy held on date of Disaster	☐ Yes	☐ No	
	Policy active from date of Disaster to completion date of this Declaration	☐ Yes	☐ No	☐ N/A
	Insurance claim filed due to Disaster	☐ Yes	☐ No	☐ N/A
	Insurance claim awarded due to Disaster	☐ Yes	☐ No	☐ N/A
Windstorm Insurance	Policy held on date of Disaster	☐ Yes	☐ No	
	Policy active from date of Disaster to completion date of this Declaration	☐ Yes	☐ No	☐ N/A
	Insurance claim filed due to Disaster	☐ Yes	☐ No	☐ N/A
	Insurance claim awarded due to Disaster	☐ Yes	☐ No	☐ N/A

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.*

Applicant Certification

Under penalty of perjury, I declare that I reported all insurance policies held from the date of the Disaster to the completion date of this form, and that the information presented in this Declaration is true, accurate, and complete to the best of my knowledge and belief. I further 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: Print and add signature in the designated spot.	
Applicant Printed Name:	**Date:**
Applicant Signature: Print and add signature in the designated spot.	

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