

SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP) INSURANCE, BENEFITS AND EXPENDITURES CERTIFICATION



					Application ID #			
Program Selection:	Home Repair Program (HRP)		Disaster Recovery 21 (DR21) Pathway:			Reimbursement:	Repairs:	
	Disaster Recovery 2024 (DR24)		Other:					
Applicant Name:			Co-Applicant Name:					
Home Address		City		State		Zip Code		

Applicants must complete each section of this Certification to describe all insurance coverage, insurance benefits received, third-party benefits received, repairs completed, and details of all associated expenditures (costs). Any available supporting documentation (such as insurance claims, award letters, copies of checks, invoices, work write up, and receipts etc.) must be provided if requested, as a means of providing evidence of all the Disaster Funds the Applicant has personally spent and received as a result of damage to the Applicant's primary residence from date of event, until the present time.

SECTION 1: INSURANCE CERTIFICATION

I/we hereby state and certify to the United States Department of Housing and Urban Development and to the City of Houston as follows:

Type of Insurance	Was Insurance carried on and in effect on the damaged property?	Are you currently in litigation with your Insurance?	Did you receive, or do you expect to receive a claim or settlement payment for structural damages?	Insurer Information	
Homeowners Insurance	Yes	Yes	Received	Company Name:	
	No	No	Requested, but not received	Policy Number:	
		N/A	Not requested, and not received	Effective Dates:	
			N/A - Did not have	Agent Name:	
				Agent Phone:	
				Settled Amount: (if Received)	\$
Wind Insurance	Yes	Yes	Received	Company Name:	
	No	No	Requested, but not received	Policy Number:	
		N/A	Not requested, and not received	Effective Dates:	
			N/A - Did not have	Agent Name:	
				Agent Phone:	
				Settled Amount: (if Received)	\$
Flood Insurance or National Flood Insurance Program (NFIP)	Yes	Yes	Received	Company Name:	
	No	No	Requested, but not received	Policy Number:	
		N/A	Not requested, and not received	Effective Dates:	
			N/A - Did not have	Agent Name:	
				Agent Phone:	
				Settled Amount: (if Received)	\$
FEMA Increased Cost of Compliance (ICC)	N/A - Not Applicable	Yes No N/A	Received NOT Received	Settled Amount: (if Received)	\$

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SECTION 2: BENEFITS CERTIFICATION

Please fill in the information requested below related to third-party benefits you have applied for and/or received as a result of damage to your property.

Benefit Type	Have you applied for and/or received any assistance for your damaged property?	Third-Party Benefit Information (Only complete if you have applied for third-party benefits)	
FEMA Individual Assistance (IA)	Have NOT Applied	IA Application #:	
	Applied, but not assisted		
	Applied, and application is pending	Funds Received: (if Applied and Received)	\$
	Applied and received		
FEMA Direct Assistance for Limited Home Repair (DALHR)	Did NOT Apply	DALHR Applicant #:	
	Applied, but not assisted	Scope of Work for Repairs: (if Applied and Received)	Is attached
	Applied and received		
FEMA Partial Repairs and Essential Power for Shelter (PREPS)	Did NOT Apply	PREPS Applicant #:	
	Applied, but not assisted	Scope of Work for Repairs: (if Applied and Received)	Is attached
	Applied and received		
Small Business Administration (SBA)	Have NOT Applied	SBA Application #:	
	Applied, but not assisted		
	Applied, and application is pending	Funds Received: (if Applied and Received)	\$
	Applied and received		
Hazard Mitigation Grant Program (HMGP)	Have NOT Applied	HMGP Application #:	
	Applied, but not assisted		
	Applied, and application is pending	Funds Received: (if Applied and Received)	\$
	Applied and received		
Non-Profit Organizations	Have NOT Applied	Organization Names: (if Applied and Received)	
	Applied, but not assisted		
	Applied, and application is pending	Funds Received for all Non-Profit Organizations: (if Applied and Received)	\$
	Applied and received		

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SECTION 3: EXPENDITURES CERTIFICATION

Please fill in the information requested below related to the details of all repair activities completed since Hurricane Harvey. The purpose of the table below is to itemize and document “eligible” repairs/costs. The total eligible repairs may be classified as “allowable activities” to offset potential “duplication of benefits” from funds received from Federal Emergency Management Agency (“FEMA”), non-profit organizations, and/or Applicant’s Insurance Carrier(s) for disaster assistance.

RECEIPTS AND PROOF OF PAYMENT DO NOT NEED TO BE ATTACHED TO THIS CERTIFICATION BUT MAY BE REQUESTED BY CITY, STATE OR FEDERAL AUDITORS AT A LATER DATE AS A MEANS TO VERIFY COST OF REPAIRS.

Expenditures		Location <i>(Where work was done)</i>	Description <i>(What work was done)</i>	Quantities <i>(When applicable)</i>	Total Spent
EXAMPLE:		Living Room	Repair: Replaced Windows	6 Windows	\$3,500.00
1	Debris Removal / Demolition <i>(including attached garage)</i>				
2	Roof Repairs / Replacement				
3	Entire House Plumbing				
4	Entire House Electrical				
5	Entire House HVAC				
6	Environmental <i>(Mold, Lead and Asbestos)</i>				
7	Disposal & Removal Equipment Rental <i>(rental of trash container)</i>				
8	Windows				
9	Exterior Repairs <i>(siding, trim, painting, non-decorative driveway, etc.)</i>				
10	Wells, Septic Tanks, etc.				
11	Tree Removal and Replacement <i>(due to rehab necessity)</i>				

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Location <i>(Where work was done)</i>		Expenditures	Description <i>(What work was done)</i>	Quantities <i>(When applicable)</i>	Total Spent
12	Kitchen		Insulation		
			Drywall		
			Plumbing		
			Electrical		
			Cabinets		
			Countertop		
			Flooring		
			Paint		
			Door		
			Trim		
			Other		
13	Dining Room		Insulation		
			Drywall		
			Electrical		
			Cabinets		
			Fireplace		
			Flooring		
			Paint		
			Door		
			Trim		
			Other		
14	Living Room		Insulation		
			Drywall		
			Electrical		
			Cabinets		
			Fireplace		
			Flooring		
			Paint		
			Door		
			Trim		
			Other		

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Location <i>(Where work was done)</i>		Expenditures	Description <i>(What work was done)</i>	Quantities <i>(When applicable)</i>	Total Spent
15	Den	Insulation			
		Drywall			
		Electrical			
		Cabinets			
		Fireplace			
		Flooring			
		Paint			
		Door			
		Trim			
		Other			
16	Bedroom 1	Insulation			
		Drywall			
		Electrical			
		Flooring			
		Paint			
		Door			
		Trim			
		Other			
17	Bedroom 2	Insulation			
		Drywall			
		Electrical			
		Flooring			
		Paint			
		Door			
		Trim			
		Other			
18	Bedroom 3	Insulation			
		Drywall			
		Electrical			
		Flooring			
		Paint			
		Door			
		Trim			
		Other			

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Location <i>(Where work was done)</i>		Expenditures	Description <i>(What work was done)</i>	Quantities <i>(When applicable)</i>	Total Spent
19	Bedroom 4	Insulation			
		Drywall			
		Electrical			
		Flooring			
		Paint			
		Door			
		Trim			
		Other			
20	Bath 1	Insulation			
		Drywall			
		Electrical			
		Cabinets			
		Countertop			
		Flooring			
		Paint			
		Door			
21	Bath 2	Trim			
		Other			
		Insulation			
		Drywall			
		Electrical			
		Cabinets			
		Countertop			
		Flooring			
22	Bath 3	Paint			
		Door			
		Trim			
		Other			
		Insulation			
		Drywall			
		Electrical			
		Cabinets			

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Location <i>(Where work was done)</i>		Expenditures	Description <i>(What work was done)</i>	Quantities <i>(When applicable)</i>	Total Spent
23	Bath 4		Insulation		
			Drywall		
			Electrical		
			Cabinets		
			Countertop		
			Flooring		
			Paint		
			Door		
			Trim		
			Other		
24	Laundry / Utility Room		Insulation		
			Drywall		
			Electrical		
			Cabinet		
			Countertop		
			Flooring		
			Paint		
			Door		
			Trim		
			Other		
25	Hallways / Stairway		Insulation		
			Drywall		
			Electrical		
			Flooring		
			Paint		
			Door		
			Trim		
			Other		
26	Other		Insulation		
			Drywall		
			Electrical		
			Cabinets		
			Countertop		
			Flooring		
			Paint		
			Door		
			Trim		
			Other		

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Location <i>(Where work was done)</i>		Expenditures	Description <i>(What work was done)</i>	Quantities <i>(When applicable)</i>	Total Spent
27	Other	Insulation			
		Drywall			
		Electrical			
		Cabinets			
		Countertop			
		Flooring			
		Paint			
		Door			
		Trim			
		Other			
28	Other	Insulation			
		Drywall			
		Electrical			
		Cabinets			
		Countertop			
		Flooring			
		Paint			
		Door			
		Trim			
		Other			
29	Other	Insulation			
		Drywall			
		Electrical			
		Cabinets			
		Countertop			
		Flooring			
		Paint			
		Door			
		Trim			
		Other			

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Expenditures		Description <i>(What work was done)</i>	Quantities <i>(When applicable)</i>	Total Spent
30	Appliances <i>(stove, oven, dishwasher, refrigerator, microwave)</i>			
31	Elevation & Foundational Repairs/ Floors			
32	Mobility/ Accessibility			
33	Mitigation & Resilience <i>(flood vents, shutters)</i>			
34	Design Costs <i>(permits, surveys, geotech, elevation certificate)</i>			
35	TOTAL SPENT <i>(Please total rows 1-34)</i>			
36	Outbuildings Repair <i>(garages, fences, sheds, carports)</i>			
37	Appliances <i>(washer, dryer and other ineligible appliances)</i>			
38	Temporary Housing		Number of Weeks:	
39	Other			
40	TOTAL SPENT <i>(Please total rows 35-39)</i>			

EXPLANATION

Please provide a brief explanation for clarity on repairs. (Only if necessary)

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DUPLICATION OF BENEFITS

Federal regulations require the City of Houston to conduct a duplication of benefits (DOB) analysis to ensure that (1) Homeowners do not receive more federal funds than needed and (2) CDBG-DR funds are used to meet a need the Homeowner still has after considering other funds received. Therefore, any funds you received from insurance, non-profit, and public sources for repairs to your home must be considered when the amount of your award is determined. If you can show that you spent some of the funds you received to repair your home, those funds will not be considered a duplication of benefits. However, if any funds that you received for the repair/reconstruction of your home were spent for other purposes, this will limit the amount of your award.

APPLICANT CERTIFICATION

I/We understand that if the information in this Worksheet and Affidavit is not correct, I/we will be required to immediately repay the deferred loan, or a portion, which is received as a result of providing that incorrect information. Applicant also understands that the information in this Allowable Activities Worksheet and Affidavit may be turned over to the appropriate City of Houston investigative authorities for verification.

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Before me, the undersigned authority, on this day personally appeared Applicant named below, who, being by me duly sworn under penalty of perjury and penalty of violation of Federal, State, and Local laws applicable to Applicant's application for and receipt of a grant or deferred forgivable loan under the Program, made the following statements herein to the HCDD and the United States Department of Housing and Urban Development and swore that the information provided herein is true and equals the total housing repair or replacement Funds received from FEMA, Insurance, or SBA, and any funds spent by Applicant on repairing or replacing Applicant's primary residence.

SIGNATURES (NOTARIZATION REQUIRED)		
Applicant Printed Name:	Applicant Signature:	Date
Co-Applicant Printed Name:	Co-Applicant Signature:	Date
State of _____ County of _____ Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.		
Signature of Notary		NOTARY SEAL
Notary Public State of Texas - Printed Name		
Date of Notary's Commission Expires		