

# SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP) NON-RESIDENT OWNER INTEREST CONSENT AND ACKNOWLEDGMENT AFFIDAVIT



						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		

\_\_\_\_\_ I have ownership interest in the damaged property at the address above and I consent to the application submitted by the Applicant.

\_\_\_\_\_ My primary residence is not at the damaged address. I live at:

\_\_\_\_\_ I understand there will be a lien and Affordability Period placed on my damaged property referenced above.

\_\_\_\_\_ I understand that property taxes must be current (unless exempt or deferred) on the damaged property for the full Affordability Period for my home to be eligible for rehabilitation or reconstruction under the Home Repair Program.

\_\_\_\_\_ I understand that hazard and flood insurance (if applicable) must be purchased and maintained on the damaged property during the Affordability Period for my home to be eligible for rehabilitation or reconstruction under the Home Repair program.

\_\_\_\_\_ I understand that by consenting to the application submitted by the Co-Owner/Applicant, the City of Houston Housing & Community Development will communicate directly with the Applicant unless I make a written request to become a communication designee to make any future inquiries regarding the damaged property.

\_\_\_\_\_ I understand that I may attend contract signing (before construction begins) as a witness to any additional requirements the Co-Owner/Applicant is responsible for and to review documentation signed by the Co-Owner/Applicant.

\_\_\_\_\_ I understand the City of Houston is not obligated to be the intermediary between Co-Owner/Applicant and Non-Resident Owner(s) regarding domestic disputes as it relates to the damaged property. The fiduciary duty is to the Co-Owner/Applicant.

**By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 of the United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.**

Non-Resident Owner Printed Name

Non-Resident Owner Signature

Date

State of

Country of

SUBSCRIBED AND SWORN before me, by the above-named Affiant(s) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and official seal.

NOTARY SEAL

Signature of Notary

Notary Public State of Texas - Printed Name

Date Notary's  
Commission Expires