

SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP) ELIGIBILITY RELEASE FORM



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|--------------------|-------------------------------|------|--|-------|------------------|----------------|----------|--|
| | | | | | 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 | | |

Instructions to Applicant

Your signature on this Eligibility Release authorizes the above-named Sub-recipient to obtain information from a third party regarding your eligibility and continued participation in any Single-Family Eligibility Programs.

Privacy Act Notice Statement: The City of Houston requires the collection of the information listed in this form to determine an applicant's eligibility for any Single-Family Eligibility Programs. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The City of Houston is authorized to ask for this information under the National Affordable Housing Act of 1990.

Each adult household member age 18 or older must sign this Eligibility Release prior to the receipt of benefits to establish continued eligibility.

| Information Requested | | | |
|--|-----------------------|----|---|
| Inquiries may be made about items initialed below by the Applicant, Co-Applicant or Household Member. | | | |
| Verification Description | Verification Required | | Initials of Applicant, Co-Applicant or Household Member |
| Home Repair Assistance (FEMA, SBA, Insurance, or Charitable) | Yes | No | |
| Home Repair Expenditures | Yes | No | |
| Income (all sources) | Yes | No | |
| Assets (all sources) | Yes | No | |
| Ownership of damaged property (Applicant & Co-Applicant) | Yes | No | |
| Principal Residency (Applicant & Co-Applicant) | Yes | No | |
| Child Support (Received or Owed) | Yes | No | |
| Other (list): | Yes | No | |
| Dependent Status: <input type="checkbox"/> Full-time Student <input type="checkbox"/> Disabled Household Member <input type="checkbox"/> Minor Children | Yes | No | |

Authorization of Applicant, Co-Applicant, or Household Member

I authorize the City of Houston to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Housing & Community Development Department Single-Family Eligibility Programs. I acknowledge that:

(1) A photocopy of this form is as valid as the original; AND

(2) I have the right to review information received using this form; AND

(3) I have the right to a copy of information provided to the City of Houston and to request correction of any information I believe to be inaccurate.

Warning

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.