SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP)

VERIFICATION OF ASSETS DISPOSED

						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/We certify that during the 2-year (24 month) period preceding the effective date of my/our certification of eligibility for participation in the SFHRP:

I/We (check one) ☐ Have ☐ Have Not disposed of more than $1,000 in asset(s) for less than fair market value.

Signature of Applicant	*Date*
Signature of Co-Applicant	*Date*

If assets were disposed for less than fair market value, please describe below:

Asset	Date of Disposition	Amount Received for Asset

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