

Restore Louisiana Homeowner Program Certification and Authorization Form

Account ID Number	Applicant Name	Co-Applicant Name (if applicable)
Damaged Residence Street	Damaged Residence City/State	Damaged Residence Zip
Mailing Address Street	Mailing Address City/State	Mailing Address Zip
Email Address	POA Name (if applicable)	

1) Under penalty of perjury, I/we certify that all of the information in this application is truthful and accurate, including my/our eligibility under the following requirements.

- a. The residence for which assistance has been applied is owned by one or more of the household members listed on the application;
- b. The damage residence for which assistance has been applied is the primary residence for all household members listed on the application and was owner occupied at the time of the disaster event;
- c. I/we have accurately reported all forms of income for all household members age 18 and older and/or attest to one or more persons in my household over the age of 18 receiving Zero Income.

Initials _____

2) I/we certify that the primary residence address listed above endured Major/Severe damaged during the declared disaster event(s) of 2020 attested to within this application.

Initials _____

3) I/we certify that all forms of assistance received for the purpose of repair or reconstruction to the damaged residence or relocation assistance have been disclosed within this application and may be considered a duplication of benefit by the Restore LA Homeowner Assistance Program.

Initials _____

4) I/we certify that all statements and representations made in this application are true and correct. I/we understand and acknowledge that the Restore LA Homeowner Assistance Program and/or its agents may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal and/or state law which may result in ineligibility for benefits, action to recover any Program benefits paid to or on my/our behalf, and/or a referral to criminal law enforcement. In the event of any proceedings to enforce a Grant Agreement, including seeking repayment of funds, the Office of Community Development shall be entitled to recover all costs of enforcement, including actual attorney’s fees. *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. 2, 287, 1001 and 31 U.S.C. 3729

Initials _____

5) I/we authorize and consent to the Restore LA Homeowner Assistance Program and/or its agents disclosing to FEMA, SBA or any other government agency information provided by me/us or retained by the Restore LA Homeowner assistance Program and/or its agents in connection with my application.

Initials _____

6) I/we understand that the Restore LA Homeowner Assistance Program and/or its agents will use this information to evaluate my/our eligibility for assistance, but the Restore LA Homeowner Assistance Program and its agents are not obligated to offer me/us assistance based solely on the representations in this affidavit.

Initials _____

7) I/we acknowledge and agree that the information provided herein may be used to access other government records and insurance claim records that, along with the information in this application, may be disclosed to other government entities and contractors of Louisiana's Office of Community Development to determine eligibility for the program, verify the accuracy of statements made on this application, and for audit and statistical purposes. Information I provide (but not personal identifying information) may be subject to the disclosure under the Louisiana Public Records law.

Initials _____

8) I/we certify that I/we am/are willing to provide all requested documents and to respond to all communication in a timely manner. I/we understand that time is of the essence and failure to respond timely may result in denial for assistance.

Initials _____

9) I/we certify that I/we have reported all Duplication of Benefits on my/our application. In the event that I/we received or hereafter receive additional Duplication of Benefits, I/we will notify the Program. After receipt of notice of additional Duplication of Benefits, the Grant Amount will be reduced by such amount as determined by the State. If grant funds have already been fully disbursed, I/we acknowledge that repayment of the amount of the Duplication of Benefits to the State is mandatory. I/we consent into entering a subrogation agreement at closing allowing the State to claim any additional Duplication of Benefits up to the amount of the Grant Amount.

Initials _____

10) Homeowner, hereby unconditionally authorizes the State/Program, and their respective assigns, employees, agents, and contractors (collectively, the "Assistance Providers") to have the right of access and to enter in and onto the property described above ("the Property") for the purpose of performing inspections and/or construction activities resulting from the Hurricanes of 2020 for purposes of participating in the Program and for the sole benefit of the State/Program. It is fully understood that this Right of Entry Permit (ROE) does not create any obligation on the part of the Assistance Providers to perform inspections or undertake construction activities on the Property. Applicant understands that no inspection or construction activities will be performed until this form is signed.

Initials _____

11) I/we understand that rehabilitation or reconstruction may require me/us to temporarily move out of the damaged residence. I/we will agree to vacate the property for the period of time required to complete the scope of work within the time specified on the grant agreement.

Initials _____

12) In making this certification, I/we as (Homeowner), hereby authorizes the State/Program and their respective assigns, employees, agents, and contractors (collectively, the "Assistance Providers") to obtain, share, release, discuss, and otherwise utilize my (Homeowner's) public and non-public personal information contained in or related to Homeowner's mortgage loan(s), insurance policies and associated premiums, tax and homeowner payment obligations, utility accounts, insurance premiums or homeowner association fees related to the property.

Initials _____

This application will not be valid unless signed below by the applicant/homeowner and co-applicant/homeowner named above and will only remain valid until revoked in writing by any applicant named below.

Applicant/Co-Applicant Name Printed

Applicant/Co-Applicant Signature

Date