HARVEY HOMEBUYER ASSISTANCE PROGRAM 2.0 (HbAP 2.0)

FIRST-TIME HOMEBUYER STATUS & CERTIFICATION OF PROPERTY OWNERSHIP

						Application ID#:	
Applicant Name:		Co-Applicant Name:					
Is this form being completed for a listed household member:	Yes No	If YES, list HH Name:					
Property Address:		City:		State:	TX	Zip Code:	

Check all that apply:

I/We hereby certify that I/We meet the definition of a first-time homebuyer who resided in the City of Houston during Hurricane Harvey or a Hurricane Harvey impacted homeowner as described below. I/We further certify that the submitted executed loan application is valid proof of my/our first-time homebuyer status and that all copies provided are true and correct.

Please select Yes or No below.

- ◯ Yes, I owned a home during Hurricane Harvey and:
  - ◯ I received funding/assistance related to the disaster from my insurance company, non-profits, etc.
    **proof of assistance received will be needed*
  - ◯ I did not receive funding/assistance related to the disaster from my insurance company, non-profits, etc.
- ◯ No, I did not own a home during Hurricane Harvey.

Please select one of the following options:

- ◯ An individual and, if married, his/her spouse, who has/have not owned a home during the past three (3) year period.
- ◯ A homemaker or single parent that only previously owned a marital home that is now only owned by the former spouse.
- ◯ An individual who has only owned a property that was not permanently affixed to a permanent foundation in accordance with applicable regulations.
- ◯ An individual who has only owned a property that was not in compliance with state, local, or model building codes, and which cannot be brought into compliance for less than the cost of constructing a new permanent residence.

I/We certify that all information and copies provided to the ALP and Homebuyer Assistance Program 2.0 are true and correct. I/We understand that any discrepancies or misstatements may result in my/our disqualification from the program and the funds received must be repaid.

Applicant Signature	Date of Signature	Co- Applicant Signature (If Applicable)	Date of Signature