

# SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP) STATEMENT AND EXPLANATION OF FACTS FOR BANK DEPOSITS (FORM 1010)



Applicants must complete a Form 1010 and provide a statement/explanation for all bank deposits at or over a hundred dollars.

|   |                               |      |  |       |                       |                |          |  |
|---|-------------------------------|------|--|-------|-----------------------|----------------|----------|--|
|   |                               |      |  |       | 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:                     |       |                       |                |          |  |
| Is this form being completed for a listed household member: |                               |      | Yes                                    | No    | If YES, list HH Name: |                |          |  |
| Home Address  |                               | City |  | State |                       | Zip Code       |          |  |

## SECTION 1: STATEMENT/EXPLANATION OF SUPPORTING DOCUMENTATION

| Date of Deposit | Acct Number<br>(last 4 digits only) | Amount | Explanation |
|-----------------|-------------------------------------|--------|-------------|
|                 |                                     |        |             |
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## SECTION 2: SIGNATURES

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

|                                     |               |   |               |
|-------------------------------------|---------------|---|---------------|
| _____<br>Applicant Signature        | _____<br>Date | _____<br>Co- Applicant Signature<br>(If Applicable) | _____<br>Date |
| _____<br>Household Member Signature | _____<br>Date |   |               |