

SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP) AFFIDAVIT OF CHILD SUPPORT: NON-DELINQUENT



										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					

STATEMENT OF FACTS

A. Household Member Name (Printed): _____ Household Member Signature: _____

I am **NOT** required to make any child support payments under any court order.

I am responsible to make child support payments and:

I am **current**, within the last 30 days, on all child support payments; or

I am **not current, but on a payment plan** to address delinquent child support payments

STATE NON-DELINQUENCY CERTIFICATION – TEXAS LAW

Household member certifies that he/she is not more than 30 days delinquent in the payment of child support under a valid court order and, therefore, is not barred from receiving the benefits of this grant under Section 231.006(a)(2) of the Texas Family Code.

Household member acknowledges that eligibility for assistance may be voided if this certification is false, or if delinquency is determined during the period in which assistance is being provided.

FEDERAL FRAUD CERTIFICATION – FEDERAL LAW

Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I 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 Programs that will accept this Affidavit.

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.

SIGNATURES (NOTARIZATION REQUIRED)

Household Member Printed Name:		Date	
Household Member Signature:			
State of _____ County of _____ Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.			
Signature of Notary		NOTARY SEAL	
Notary Public State of Texas - Printed Name			
Date of Notary's Commission Expires			