

## Homeowner Assistance Program (HoAP) FORM D4 Income Self-Certification

Applicant Name:		Application ID #:	
Co-Applicant Name:		Damaged Property:	
SECTION 1: STATEMENT OF FACTS			
I,			
SECTION 2: SIGNATURES (NOTARIZATION REQUIRED)			
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.			
Applicant Signature		Co-Applicant Signature (If	Applicable)
Before me personally appeared the person whose signature(s) appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this day of, 20			
Signature of Notary		NOTARY'S SEAL	
Notary – Printed Name			NI S SEAL
Date Notary's Commission	on Expires		



