



Homeowner Assistance Program (HoAP) Independent Repairs Stop Work Notification

FORM K

Required Form

Applicant Name:		Applicant ID #:	
Co-Applicant Name: <i>(If Applicable)</i>		Damaged Property:	

SECTION 1: INDEPENDENT REPAIRS STOP WORK NOTIFICATION

Existing Contractor at time of HoAP Application? Yes No

Name of Contractor _____

***Must also complete the Contractor Verification Form**

Repairs started prior to the date of the HoAP Application? Yes No

If an Applicant is determined to be conditionally eligible for the Homeowner Assistance Program (HoAP), an initial site inspection (ISI) will be performed at the property listed above to assess existing damage along with (if applicable) post Harvey completed repairs. This inspection will help to determine the benefits that may be eligible in relation to the property.

To ensure compliance with federal regulations including the Environmental Review Record (Tier II) requirements and to achieve an accurate damage assessment, HoAP mandates that applicant(s) cease all repair work effective immediately, until further notice.

If Harvey related repairs are performed after the date of the HoAP Application AND prior to receiving a formal Notice to Proceed (NTP), the property may be withdrawn from this program.

All repairs completed after December 31, 2020 may not be eligible and no repair costs completed after the date of the HoAP Application will be eligible for reimbursement. All (eligible) repairs must be verified.

SECTION 2: CERTIFICATION SIGNATURE(S)

**I certify that all repairs were completed prior to December 31, 2020.
I understand the above notification that all repairs must stop until further notice.**

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

Date: _____

Co-Applicant Signature

Date: _____

