



# Homeowner Assistance Program (HoAP)

## HoAP Contractor Eligibility Verification

HOMEOWNER INFORMATION					
Applicant Name: <i>(Head of Household)</i>		Date:			
Co-Applicant Name: <i>(If applicable)</i>		Application ID #:			
Mailing Address:		Activity Number:			
SECTION 1: CONTRACTOR INFORMATION				Confirmed by HoAP	
Contractor Name:				Confirmed <input type="checkbox"/>	Not Confirmed <input type="checkbox"/>
Principal Name:		Principal Title:			
Contract/ Work Order Number:		Type of Contractor: <input type="checkbox"/> GC <input type="checkbox"/> Specialized Trade <input type="checkbox"/> Other: _____			
Tax ID #:		Insurance Coverage Amount: \$		Contract Executed/Uploaded? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone:		Address:			
City:		County:	State:		
SECTION 2: ADDITIONAL CONTRACTOR INFORMATION (IF APPLICABLE)				Confirmed by HoAP	
Contractor Name:				Confirmed <input type="checkbox"/>	Not Confirmed <input type="checkbox"/>
Principal Name:		Principal Title:			
Contract/ Work Order Number:		Type of Contractor: <input type="checkbox"/> GC <input type="checkbox"/> Specialized Trade <input type="checkbox"/> Other: _____			
Tax ID #:		Insurance Coverage Amount: \$		Contract Executed/Uploaded? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone:		Address:			
City:		County:	State:		
SECTION 3: ADDITIONAL CONTRACTOR INFORMATION (IF APPLICABLE)				Confirmed by HoAP	
Contractor Name:				Confirmed <input type="checkbox"/>	Not Confirmed <input type="checkbox"/>
Principal Name:		Principal Title:			
Contract/ Work Order Number:		Type of Contractor: <input type="checkbox"/> GC <input type="checkbox"/> Specialized Trade <input type="checkbox"/> Other: _____			
Tax ID #:		Insurance Coverage Amount: \$		Contract Executed/Uploaded? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone:		Address:			
City:		County:	State:		



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### SECTION 4: CERTIFICATION SIGNATURE(S)

**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.**

I certify that all information provided on this Contractor Validation Form is true and correct to the best of my knowledge. I understand that my home will undergo a final inspection to ensure all work listed in the scope of work (SOW) is completed at the end of construction and that I/we have re-inhabited the home.

**Applicant Signature:**

**Date:**

**Co-Applicant Signature:**

**Date:**

### SECTION 5: HoAP REPRESENTATIVE CERTIFICATION

Validation of contractor(s) entails only that contractors are not debarred by the State of Texas or Federal Government. HCDD recommends that all homeowners thoroughly review our Tipsheets providing best practices on contractor selection. This review has no connection to workmanship, payment practices, or any contractual terms agreed upon between a homeowner and their selected contractor. This review is required to allow eligible applicants who have already signed a contract at the time of the HoAP Application to still receive disaster recovery related housing assistance.

Validated

Not Validated

**Date:**

If not validated, Name of Ineligible Contractor(s):

If contractor not validated, what was the reason:

*Reviewed by – City of Houston*

*Reviewed by Signature – City of Houston*

**Insurance must be present for any properties having \$25,000 or more in estimated costs of repair as determined by the program's initial site inspection.**

Add additional pages as needed for all general contractors or separate trade contractors managed and contracted directly by the Applicant/Homeowner. If using primary or *General Contractor*, the contractor is responsible to demonstrate that all subcontractors are not debarred.