



HURRICANE MATTHEW REIMBURSEMENT SELF-CERTIFICATION

Purpose: By completing this form, the Primary Applicant certifies that they own the damaged property, that any repairs to the damaged property were completed prior to the date of their application to the Program or September 14, 2018 (whichever occurred first), that they have received a copy of the Damage Repair Verification estimate (DRV), and that all construction or work on their damaged property was stopped on or before their application to the Program.

Instructions: The Primary Applicant should provide their full legal name and the complete damaged property address. They should read each of the following statements thoroughly before printing and signing their name at the bottom of this form, certifying that each statement is true.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

Applicant Information				
Primary Applicant Name:			Application ID Number:	
Damaged Property Address:				
The follo	owing, ReBuild NC Program applicant:		, resident of	
, North Carolina, hereby submitting to the laws of the federal government and state of North Carolina, certifies under the penalty of perjury the following:				
1.	I certify that I own the property located at the damaged property address above.			
2.	I certify that these repairs were made prior to application date or September 14 , 2018 , whichever occurred first. Additionally, these repairs were made with my own funds, except if I received other assistance. I certify that I have disclosed all assistance received in response to Hurricane Matthew. If I received any other assistance, the amount of that assistance has been subtracted from my award.			
3.	I have received and reviewed a copy of the Damage Repair Verification Estimate (DRV) provided by ReBuild NC, and I certify that this document includes all repairs that were made prior to application to the program or September 14, 2018 , whichever occurred first.			
4.	I certify that I am not being reimbursed for funds for repairs otherwise performed by a charitable organization to which I have not financially contributed using my personal funds.			
5.	I certify that work on the damaged property located at the addressed above was stopped on or before the date of applying to the Homeowner Recovery Program for assistance.			
6.	I certify that all information provided in my a are true and correct.	pplication for reimburseme	nt and documentation of completed repairs	
_	Primary Applicant Print Name	Primary Applicant Signal	gnature — Date	

