



STATE OF CONNECTICUT
DEPARTMENT OF HOUSING



Owner Occupied and Scattered Site Rehabilitation Programs

AFFIDAVIT OF NO INSURANCE

THIS FORM SHOULD BE COMPLETED BY ANY PROPERTY OWNER WHO DECLARES THAT THEY DID NOT HAVE A HOMEOWNER'S INSURANCE POLICY AT THE TIME OF SUPERSTORM SANDY

I, \_\_\_\_\_, do swear or affirm, under penalty of perjury that:

1. I own the property located at:

Property Address City State Zip

2. On October 29, 2012, the property described above was damaged by Superstorm Sandy and was not insured under any insurance policy. Therefore, I am entitled to no payments under any such insurance policy for related losses.

3. I (we) attest that to the best of my (our) knowledge and belief all information submitted in connection with this application shall be accurate and complete. I (we) understand that the submission of inaccurate or fraudulent information may be grounds for denial or recapture of a grant and/or loan, and may be punishable by criminal, civil or administrative penalties. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

4. I (we) understand that any information I (we) give may be investigated and verified.

5. I understand as a condition of receiving assistance under the Community Development Block Grant Disaster Recovery program I will maintain hazard insurance for one (1) year from the date of assistance. In addition, if my property is located in a flood zone I will maintain flood insurance for not less than five (5) years from the date of assistance. Failure to maintain hazard and flood (if applicable) may impact future disaster assistance.

Name of Owner Signature Date

Name of Co-Applicant Signature Date

Subscribed and sworn to:

Before me, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

Notary Public
Commissioner of Superior Court

Commission Expires \_\_\_\_\_
Date