

SINGLE-FAMILY ELIGIBILITY PROGRAMS (SFEP)

AFFIDAVIT OF CHILD SUPPORT: NON-DELINQUENT



Program		Application #			
Applicant Name:		Co-Applicant Name:			
Is this form being completed for a listed household member:	Yes	No	If YES, list HH Name:		
Home Address	City	State	Zip Code		

STATE NON-DELINQUENCY CERTIFICATION – TEXAS LAW

Household member certifies that he/she is not more than 30 days delinquent in the payment of child support under a valid court order and, therefore, is not barred from receiving the benefits of this grant under Section 231.006(a)(2) of the Texas Family Code.

Household member acknowledges that eligibility for assistance may be voided if this certification is false, or if delinquency is determined during the period in which assistance is being provided.

FEDERAL FRAUD CERTIFICATION – FEDERAL LAW

Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I 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 Programs that will accept this Affidavit. **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.**

ACKNOWLEDGEMENTS

I, the below-listed household member, certify the following:

1. I am NOT more than 30 days delinquent in the payment of child support obligation and am eligible to receive the benefits of this program in accordance with Section 231.006(a)(2) of the Texas Family Code.
2. I acknowledge and understand that providing false representations herein constitutes an act of fraud and is punishable under 18 U.S.C. Section 1001 and that any application, grant, or loan agreement may be terminated, and payment may be withheld if this certification is inaccurate.

SIGNATURES (NOTARIZATION REQUIRED)

Household Member Printed Name:		Date	
Household Member Signature:			
State of _____ County of _____ Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.			
_____ Signature of Notary		NOTARY SEAL	
_____ Notary Public State of Texas - Printed Name			
_____ Date of Notary's Commission Expires			