



HOUSTON-GALVESTON AREA COUNCIL



Verification of ASSETS DISPOSED		
Administrator Name: <i>Houston-Galveston Area Council</i>		Contract Number:
Address: <i>P. O. 22777 Houston, Texas 77227-2777</i>		
Phone: <i>1-877-442-2777</i>	Fax: <i>713-993-2456</i>	Email: <i>Jsmith@h-gac.com</i>
Applicant Name:		
<p>I / We certify that during the 2-year (24-month) period preceding the effective date of my/our certification or recertification of eligibility for the Hurricane Ike Disaster Recovery Housing Program participation, I/we <input type="checkbox"/> Have <input type="checkbox"/> Have Not (check one) disposed of more than \$1,000 in asset(s) for less than fair market value.</p>		
_____ Signature of Applicant		_____ Date
_____ Signature of Spouse		_____ Date
If assets were disposed of for less than fair market value, describe below:		
Asset	Date of Disposition	Amount Received for Asset
(1)		
(2)		
(3)		
(4)		
(5)		
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.		