

STATE OF TEXAS)
) ss.
COUNTY OF WEBB)

AFFIDAVIT FOR HAP RECIPIENT

Before me the undersigned authority appeared _____, who after being duly sworn before me a notary public, stated and affirmed the following to be true and correct from his own personal knowledge.

1. My name is _____. I am over 18 years of age and am qualified to make these affirmations. I reside at _____, _____.
2. I am a co-owner of a property situated at _____, _____, Texas, along with _____.
3. I understand that the above property is being made subject to a Housing Assistance Payments (“HAP”) contract providing for rental assistance from the Laredo Housing Authority (“LHA”) in favor of _____, a tenant who will be residing at the above property pursuant to Section 8 housing assistance.
4. I do hereby authorize the LHA to make the rental assistance payment under the HAP contract payable to my co-owner, _____.

[Name]

STATE OF TEXAS)
) ss.
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Sworn and affirmed before me this _____ day of _____, 20_____, by _____, who after having been duly sworn and put under oath, did swear and affirm that the above is true and correct from his own personal knowledge.

Notary Public

My Commission Expires: _____