



INSURANCE CLAIM DECLARATION

Request for Check Endorsement

I, _____ do hereby certify to the following:

- a. **Previous Assistance:** I previously received financial assistance through the Arizona Department of Housing, Arizona Housing Finance Authority or the Arizona Home Foreclosure Prevention Funding Corporation (collectively referred to as the "Department") for the purchase, rehabilitation, or foreclosure prevention for my primary residence located at:

(List full address of "Primary Residence")

- b. **Primary Residence:** I continue to reside at this address as my Primary Residence which was/is a condition of assistance, or I have obtained a temporary written waiver from the Department pertaining to residency requirements.

- c. I have received an **insurance claim payout** in the amount of \$ _____ from (name of insurance company) _____ dated _____.

- d. The following describes the situation(s) that resulted in the insurance claim for my Primary Residence:

- e. Claim funds will be used solely to make repairs to my Primary Residence, including the following:

I certify, under penalty of perjury, that all of the foregoing is true and correct:

Signed: _____

Printed Name: _____ Executed on this date: _____

Email: _____ Phone: _____