



Palm Beach County Department of Housing and Economic Development
Mortgage and Housing Investments (MHI) Division

UNINSURED PROPERTY INSURANCE AFFIDAVIT

ON this _____ day of _____, 20____, I, the homeowner,
personally attest to the following facts regarding my home's property insurance. By signing this
Affidavit, I am affirming that (Please initial all that applies):

- _____ I am applying for housing assistance through Palm Beach County's Owner
Occupied Housing Rehabilitation (or) Emergency Repair Programs.
- _____ I am presently unable to afford property insurance.
- _____ I am presently unable to secure insurance, due to the condition of my property.
- _____ I am aware that, if approved for assistance, the first year insurance premium will
be deducted from the approved program's award amount.
- _____ I am aware that I am responsible to pay for coverage after the first year, and
required to have insurance coverage thereafter.

Homeowner (Print)

Signature

Homeowner (Print)

Signature

Witness (Print)

Signature

Witness (Print)

Signature