



**HUD EMERGENCY HOMEOWNERS' LOAN PROGRAM –
UNDEREMPLOYMENT MEDICAL CONDITION**

NOTICE: Completion of this Medical Condition Affidavit is a condition of participation for any pre-applicant to the Emergency Homeowners' Loan Program (EHLPP) who is unable to obtain a letter from his/her employer documenting the pre-applicant's underemployment due to medical condition(s). **Please read the Privacy Act Notice on page 2 before completing this affidavit.**

The Department of Housing and Urban Development is prohibited by statute, regulation, and/or program rules from providing EHLPP emergency assistance on behalf of any person who does not meet minimum program requirements. No person required to complete this affidavit shall be eligible to receive emergency assistance under the Emergency Homeowners' Loan Program if such person cannot certify to all of the statements included in this document.

Name of Pre-Applicant: _____

Last Four (4) Digits of Pre-Applicant's Social Security Number: ***-**-_____

I certify, under penalty of perjury, that I experienced a substantial loss of income resulting from my involuntarily underemployment, and that my underemployment was caused by my own medical condition(s). I certify that I do not currently possess or otherwise have access to a letter from my employer notifying me of my underemployment.

The name of my employer is (please write legibly):

The current phone number of my employer is (please write legibly):

The month and year I became underemployed was (please write legibly):

Month:

Year:

By signing below, I, the EHLPP Pre-Applicant, understand that any false statement made in this affidavit, or otherwise made in connection with my application to participate in the EHLPP may result in fines or imprisonment of up to five (5) years, or both, under 18 U.S.C. § 1001, that I may also be subject to civil and/or administrative penalties or sanctions, and that HUD may pursue any available penalty, civil or criminal, to the fullest extent of the law.

By signing below, I, the EHLPP Applicant, certify under penalty of perjury that, to the best of my knowledge and belief, the information I have provided in this affidavit is true, complete, and correct.

Signature of Pre-Applicant

Date

PRIVACY ACT STATEMENT

Purpose: By signing this affidavit, you are authorizing HUD, directly or through its agents, to request income information from such sources necessary to verify your income, employment status and such other information necessary to ensure that you are eligible for the federal benefits to be derived under this program and that those benefits are set at the correct level.

Uses of Information to be Obtained: HUD is required to protect the income and employment information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes or unemployment/income verification purposes. Any persons engaging in unauthorized disclosures or improper uses of information obtained for the purposes described above may be subject to penalties.