

**STATEMENT OF APPLICATION AND CERTIFICATION**

Individually, or as an officer of the applicant entity authorized to execute this statement, I am familiar with the requirements of Mississippi's Blight Elimination Program and reporting requirements and to the best of my knowledge and belief, I have complied, or will comply with all of the requirements which are prerequisite to a Blight Elimination Program award by the Mississippi Home Corporation. I understand that the Blight Elimination Program will be governed and controlled by rules and regulations to be issued by the United States Department of the Treasury.

To the best of my knowledge and belief, no information contained in this application or in the listed attachments is in any way false or incorrect; that it is truly descriptive of the program for which Blight Elimination Program funds are being applied; and the proposed demolition will not violate adjacent property owners or deed restrictions.

I hereby make application to the Mississippi Home Corporation for an award of Blight Elimination Program funds. I agree that neither the Mississippi Home Corporation nor any of its directors, officers, employees, and agents will be held responsible or liable for any representations made to the undersigned relating to the Blight Elimination Program; therefore, I assume the risk of all damages, losses, costs, and expenses related thereto and agree to indemnify and hold harmless the Mississippi Home Corporation or any of its directors, officers, employees and agents against any and all claims, suits, losses damages, costs and expenses of any kind and of any nature that the Mississippi Home Corporation may suffer, incur, or pay arising out of or relating to its decision concerning my application for Blight Elimination Program funds. I also agree that the Mississippi Home Corporation has made no representations about the Blight Elimination Program beyond which has been printed and presented for public dissemination.

I agree that the Mississippi Home Corporation may request any additional information which in the opinion of the Mississippi Home Corporation is necessary or appropriate to its evaluation of this application. I also agree that the Mississippi Home Corporation may request any additional information which in the opinion of the Mississippi Home Corporation is necessary or appropriate to its implementation of a compliance monitoring program in accordance with the requirements of the Blight Elimination Program.

UNDER PENALTY OF PERJURY, I DO HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ANY ATTACHMENTS IN SUPPORT THEREOF ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATIONS IN THIS APPLICATION OR SUPPORTING DOCUMENTATION MAY RESULT IN A WITHDRAWAL OF BLIGHT ELIMINATION PROGRAM FUNDS BY THE MISSISSIPPI HOME CORPORATION, MY (AND RELATED PARTIES) BEING BARRED FROM FUTURE PROGRAM PARTICIPATION, AND NOTIFICATION OF THE UNITED STATES DEPARTMENT OF TREASURY.

**APPLICANT**

\_\_\_\_\_  
*(Municipal Government)*

BY: \_\_\_\_\_  
*(Authorized Signature)*

Its: \_\_\_\_\_  
*(Title)*

Date: \_\_\_\_\_

**ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_ )  
 )ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

as \_\_\_\_\_ of \_\_\_\_\_.

My commission expires: \_\_\_\_\_.

( S E A L )

\_\_\_\_\_  
Notary Public