

PORT OF HOUSTON AUTHORITY

Bayport Mitigation Solution Program Application



APPLICANT INFORMATION (PLEASE ATTACH A PHOTO COPY OF DRIVER'S LICENSE, PASSPORT OR OTHER PHOTO I.D.)			
Last Name	First	M.I.	Date
Mailing Address		Apartment/Unit #	
City	State	ZIP	
Work Phone	Home Phone	Cell Phone	
Social Security Number	Date of Birth		

Please provide the above information for *all* property owners, even if only one owner signs this application. This information can be supplied on photo copies of this form, or blank sheets of paper.

Your social security number and date of birth is requested to assist in the title search.

PROPERTY INFORMATION (PLEASE ATTACH A COPY OF WARRANTY DEED TO APPLICATION, IF AVAILABLE)		
Property Address	<input type="checkbox"/> Home	<input type="checkbox"/> Lot
Subdivision	Block No.	Lot No.
Section	City	
Year Property Purchased	Name of Purchaser (Grantee) on Deed, if not applicant	

If you are applying for a permanent, habitable structure in the program area, please provide proof that the home was habitable at any time between February 8, 2007, and January 26, 2010 (e.g. one month's utility bill, etc.)

LIEN HOLDER INFORMATION (PLEASE ATTACH A COPY OF DEED OF TRUST TO APPLICATION, IF AVAILABLE). LENDER CONSENT MAY BE REQUIRED FOR PROGRAM PARTICIPATION.		
Any notes, mortgages, deed of trusts, or other liens on your property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list below.
Lien holder	Address	
City	State	
ZIP	Telephone	
Loan #		
Other liens		

Please provide PROPERTY INFORMATION and LIEN HOLDER INFORMATION for each property applied for in the Program Area. This information can be supplied on duplicate copies of this form, or blank sheets of paper.

CERTIFICATION, AUTHORIZATION, AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. Furthermore, I certify that I am the authorized party to provide the information listed above.	
I hereby authorize the Port Houston Authority or its agents to verify all information contained herein and if requested I will provide the Port Authority or its agents any reasonable information necessary to verify it.	
Signature:	
Print Name:	Date