



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