



**COMMUNITY DEVELOPMENT BLOCK GRANT FOR DISASTER RECOVERY  
HOMEBUYER ASSISTANCE PROGRAM  
PUERTO RICO DEPARTMENT OF HOUSING  
REDEVELOPMENT INCENTIVE CERTIFICATION FORM**

The Puerto Rico Housing Finance Authority (**PRHFA**), the designated Subrecipient of the Homebuyer Assistance Program (**HBA Program**), will administer CDBG-DR funding to support Eligible Homebuyers with the purchase of a new or existing property. Qualified Applicant(s) may be eligible to receive financial assistance in the form of a grant to assist with the gap between the amounts of the first mortgage the household can obtain from a lender and the purchase price of a home. The assistance amount will be limited to the minimum amount necessary to achieve homeownership. Therefore, this form aims to submit the property information for the Puerto Rico Department of Housing (**PRDOH**) to certify whether the property is located within a designated urban center and certify it as one eligible for the redevelopment incentive.

The Program will provide an additional redevelopment incentive of **five thousand dollars (\$5,000.00)** to eligible households who elect to purchase a home located in a designated urban center certified by the PRDOH. The PRDOH has defined the urban centers for each municipality in Puerto Rico. The maps are published and available at [www.cdbg-dr.pr.gov/en/urban-center-maps/](http://www.cdbg-dr.pr.gov/en/urban-center-maps/) and <https://cdbg-dr.pr.gov/mapas-de-los-centros-urbanos/>.

If you have any questions or need help completing or submitting this form, please contact the Program at the following email address [hba-lenderassistance@afv.pr.gov](mailto:hba-lenderassistance@afv.pr.gov)

**APPLICATION ID #:**

[Insert Application ID]

**APPLICANT INFORMATION**

Last Name:

Middle Name:

First Name:

Phone:

Email Address:

**PROPERTY INFORMATION**

Physical Address:

City:

State:  
Puerto Rico

Zip Code:

Coordinates:

Cadastral Number:

Map:



**CERTIFICATION**

To the best of my knowledge, information, and belief, the certification complies with the HBA Program requirements. I certify that the information presented is true and accurate. I further understand that providing false representations herein constitutes an act of fraud. The 18 U.S.C. § 1001 states that a person is guilty of a felony if knowingly and willfully make false statements to any department of the United States Government.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION IS FOR PRDOH USE ONLY.**

Date Reviewed: \_\_\_\_\_ Determination: \_\_\_\_\_  
 Approved  
 Denied  
 Required additional information

Reviewed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_