BENEFICIARY INSURANCE ACKNOWLEDGEMENT

Beneficiary(s)/Homeowner(s):			
Property Address:			
Date of Beneficiary Agreement: _			
benefits of carrying homeowners further acknowledge that the final inadequate protection has been e	insurance has been ancial risks of not have explained to me. I/w	ving insurance protection on m e understand that neither or THDA are responsible for da	iderstand them. I/weny home or having
or personal property that may oc			
Both	rs insurance or fire a	nd causality coverage, through	
It is the homeowners responsibili homeowners own insurer or other	•	•	-
acknowledge that Homeo homeowner's policy and	owners insurance is r will retain it followir	NCE THROUGH MY INSURANCE necessary and that I currently h ng the completion of work on n aking payment directly to the	have an active my home. I
PROVIDER: I agree that H within 30 days of the con	omeowners insurand	E THROUGH AN INDEPENDAN ce is necessary and will arrange my home. I understand that I vent directly to the insurance p	e to purchase it vill be responsible to
	decline to obtain ar	ot having homeowners insurar ny coverage. As a result of this d THDA harmless of any damag fordability/compliance.	decision, I agree to
Beneficiary/Homeowner	 Date	Witness	Date
Beneficiary/Homeowner 2	 Date		