

# ECONOMICALLY DISADVANTAGED COUNTIES PROGRAM PROJECT AFFIDAVIT



The State of Texas,

County of \_\_\_\_\_

Before me, \_\_\_\_\_, a notary public in and for the State of Texas, on this day personally appeared \_\_\_\_\_, who being by me duly sworn, upon oath says:

I, \_\_\_\_\_, representing the City / County of \_\_\_\_\_, having been duly elected on \_\_\_\_\_ and having served continuously since that time, certify in my official capacity that, to the best of my knowledge, the information contained in this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me, by the said \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to certify which witness my hand and seal of office.

My commission expires \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Printed or stamped name of Notary