

ACQUISITION WORKSHEET

For Open Space Compliance

Instructions and Requirements

Instructions:

- Fill out the worksheet completely and distribute homeowner forms to all potential homeowners in the intended area
- Return this worksheet and the homeowner forms and files for all addresses in the intended project area with your HMGP Application

For property acquisition and structure demolition or relocation projects for the purpose of creating open space, Applicants and subapplicants must comply with Title 44 of the Code of Federal Regulations (CFR) Part 80 and the FEMA HMA Guidance. A project may not be framed in a manner that has the effect of circumventing any of these requirements. Federal law requires properties acquired with FEMA funds in structure demolition or relocation projects to be maintained as open space in perpetuity and Recipients and subrecipients to be responsible for oversight in ensuring and enforcing proper land use and for coordinating with FEMA on any future land use or property disposition issues.

During the development of an acquisition project for open space, property owners are responsible for notifying the subapplicant of their interest in participating in the proposed project. They must provide all of the information requested by the subapplicant, and they must complete all of the actions that are required to complete the subapplication and to implement the property acquisition and structure demolition or relocation.

SECTION I - PROJECT GENERAL INFORMATION

| | |
|--------------------------------|--|
| Project Name | |
| Applicant (City/County) | |
| Point of Contact | Name: |
| | Address (Please include City, State and Zip Code): |
| | Phone number: |
| | Email: |

SECTION II - STRUCTURE INFORMATION

Provide the following information for the structure you will be mitigating.

| | |
|----------------|--|
| Address | |
|----------------|--|

In case of multiple sites, attach to this worksheet a list of all locations/sites involved in this project with the same information to be provided

| | | | |
|---|------------------|----------------------------------|-----------------------------------|
| City, State and Zip Code | | | |
| County | | | |
| Is this a historical building? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Year Built | | Source (Ex: Property Appraiser): | |
| What is the size of the building (heated square footage only)? | | | |
| Parcel Number | | | |
| Latitude and Longitude (in Signed Degrees Format) | | | |
| Is this a new construction or retrofit of existing structure? | New construction | <input type="checkbox"/> | Existing <input type="checkbox"/> |

Please provide a copy of the Property Appraisers Property Card for each address included in this application along with the following Homeowner Forms:

| Please Check Off All Included Forms: | | |
|--|--------------------------|-----------|
| Voluntary Interest Form | <input type="checkbox"/> | Comments: |
| Declaration and Release Form | <input type="checkbox"/> | Comments: |
| Duplication of Benefits Form | <input type="checkbox"/> | Comments: |
| Privacy Act Release | <input type="checkbox"/> | Comments: |
| Property Description and Damage Report | <input type="checkbox"/> | Comments: |
| Affidavit of Flooding | <input type="checkbox"/> | Comments: |

Notice of Voluntary Interest

Floodprone Property Acquisition Project
Homeowner Interest Sign-up Sheet and Voluntary Interest Notice

Please complete this form if you are interested in exploring further your options for reducing your flood losses. Signing this does not commit you to any action.

Property Address:

Owner(s) Mailing Address:

Owner(s) Name(s):

Contact Telephone Number:

The local government is required by FEMA to inform you that your participation in this project for open-space acquisition is voluntary. Neither the *State* nor the *Local Government* will use its eminent domain authority to acquire the property for open-space purposes if you choose not to participate in a Hazard Mitigation Assistance grant program, or if negotiations fail.

Owners Signature

Date

Owners Signature

Date

Owners Signature

Date

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires February 28, 2021

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002). **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

AUTHORITY: FEMA collects, uses, maintains, retrieves, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Pub. L. No. 93-288, as amended (42 U.S.C. §§ 5121-5207); 6 U.S.C. §§ 776-77, 795; the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d), 7701(c)(1); the Government Performance and Results Act, Pub. L. No. 103-62, as amended; Reorganization Plan No. 3 of 1978; Executive Order 13411, "Improving Assistance for Disaster Victims," August 29, 2006; and Executive Order 12862 "Setting Customer Service Standards," September 11, 2003, as described in this notice.

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed internally within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants. FEMA collects the social security number (SSN) to verify an applicant's identity and to prevent a duplication of benefits.

ROUTINE USE(S): FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their disaster assistance files outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, including pursuant to routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013) and upon written request, by agreement or as required by law. FEMA may share the personal information of non-citizens, as described in the following Privacy Impact Assessments: DHS/FEMA/PIA-012(a) Disaster Assistance Improvement Plain (DAIP) (Nov. 16, 2012); DHS/FEMA/PIA-027 National Emergency Management Information System - Individual Assistance (NEMIS-IA) Web-based and Client-based Modules (June 29, 2012); DHS/FEMA/PIA-015 Quality Assurance Recording System (Aug. 15, 2014). FEMA may share your personal information with federal, state, tribal, local agencies and voluntary organizations to enable individuals to receive additional disaster assistance, to prevent duplicating your benefits, or for FEMA to recover disaster funds received erroneously, spent inappropriately, or through fraud.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: The disclosure of information, including the SSN, on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- ☐ I am a citizen or non-citizen national of the United States.
- ☐ I am a qualified alien of the United States.
- ☐ I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

| | | | |
|-----------------------------|--------------------|---------------|-------------|
| NAME (print) | SIGNATURE | DATE OF BIRTH | DATE SIGNED |
| INSPECTOR ID # | FEMA APPLICATION # | DISASTER # | |
| ADDRESS OF DAMAGED PROPERTY | CITY | STATE | ZIP CODE |

Duplication of Benefits

The Federal Emergency Management Agency has adopted a policy that prohibits duplication of benefits in the Hazard Mitigation Assistance Program that includes Flood Mitigation Assistance grants. The policy was developed in response to federal regulations that dictate the use of the primary funds used to mitigate property. The Federal Emergency Management Agency (FEMA) provides the following specific instructions in the Hazard Mitigation Assistance Program Guidelines for mitigation projects.

In the administration of Flood Mitigation Assistance Program (FMA) grants, FEMA and the grantee should avoid any duplication of benefits with other forms of assistance. FEMA's policy on duplication of benefits for individuals and families is mandated by Section 312 of the Stafford Act and is set forth in 44 CFR 206.191. This Section of the FEMA regulations delineates a delivery sequence establishing the order in which the disaster relief agencies and organizations provide assistance to individuals and families. Programs listed later in the sequence are responsible for ensuring that they do not duplicate assistance which should be provided by a program listed earlier on the list (the program with primary responsibility).

In the case of flood-damaged property programs (Section 1362, Section 404, etc.), they are not listed in the delivery sequence, and therefore are positioned after the eight listed programs. This means that all eight programs listed in the sequence at 44 CFR 206.191 (d) are "primary programs" in relation to mitigation grant programs. The Flood Mitigation Assistance program is required to ensure that it does not duplicate assistance which should be provided by any of the eight primary assistance programs.

Certification of Funds Used

Receipt of or pending receipt of the following benefit amounts must be disclosed to the State of Florida

1. SBA Loans - A property owner who has an SBA loan on the property being acquired will either be required to repay the loan to SBA, or roll it over to a new property at closing. Yes _____ No _____

2. Flood Insurance for Structure Repairs - That portion of a flood insurance payment that a property owner has received or is eligible to receive intended to cover structural repairs to the property being acquired will be deducted from the purchase price of the property being acquired. If flood insurance funds have been reinvested into repairs to the property, this amount will not be deducted. Proof of reinvestment can be supplied through receipts for materials and/or labor, or through on-site verification. Amount reinvested is \$ _____.

3. Increased Cost of Compliance -The NFIP Increased Cost of Compliance (ICC) claim payment from a flood event may be used to contribute to the non-Federal cost-share requirements so long as the claim is made within the timelines allowed by the NFIP. ICC payments can only be used for costs that are eligible for ICC benefits; for example, ICC cannot pay for property acquisition, but can pay for structure demolition or relocation. In addition, Federal funds cannot be provided where ICC funds are available; if the ICC payment exceeds the required non-Federal share, the Federal funding award will be reduced to the difference between the cost of the activity and the ICC payment.

Have you received ICC payments? _____

If so, how much ICC funds have you received? _____

Do you plan on receiving ICC payment? _____

If so, how much ICC funds do you plan on receiving? _____

4. FEMA Individual Family Grant and Emergency Minimal Repair Grant (EMR) - That portion of an IFG grant that a property owner has received or is eligible to receive intended to cover structural repairs to the property being acquired will be deducted from the purchase price of the property. Additionally, grants received from FEMA as part of Temporary Housing Assistance Program to quickly repair or restore owner-occupied primary residences to habitable and safe condition will be deducted from the purchase price of the property. If the funds have been reinvested into repairs to the property, this amount will not be deducted. Proof of reinvestment can be supplied through receipts for materials and/or labor, or through on-site verification. Amount received: _____

5. FEMA Disaster Housing - FEMA Disaster Housing money received by the property owner will not be deducted if the property owner has used the grant for housing related expenses. These can include: transient accommodations while an existing home is being elevated or relocated; combining it with other funds to make more substantial home repairs; minor home repairs made to make a home more livable prior to a buyout offer; down payments toward the purchase of a new home; moving expenses; closing costs; insurance; and deposits. Amount received: _____

Owner Name:

Property Address:

I hereby certify that the SBA Loans, Flood Insurance for Structure Repairs, FEMA Individual and Family Grant, Emergency Minimal Repair Grant (EMR) and FEMA Disaster Housing benefits defined above have been accurately reported and that the amounts not used for the purposes identified above have been fully disclosed.

Signed

Date

Signed

PRIVACY ACT RELEASE

I/We, the undersigned, hereby grant my/our permission for the [county/city] to publish, through public notice, the location of my real property which is being considered for a mitigation project (acquisition or elevation) by the [county/city].

This information will be used to notify the public that FEMA, HUD, and the State are considering a mitigation action that may include my property under Section 404 of the Stafford Act, as amended, the Flood Mitigation Assistance Program, and/or HUD programs.

Further, I/we hereby grant FEMA and the State of Florida permission to disclose flood insurance coverage and claim information, and information about disaster assistance payments received by me/us, to officials of the [county/city] for the purpose of aiding in their planning and decision-making regarding mitigation or assistance actions affecting my property. This information will be used for this purpose only and will not be made public.

Date

Print Owner's Name

Signed

Print Owner's Name

Signed

Social Security Number

Social Security Number

Address of Property

City, State, ZIP

If Applicable:

Flood Insurance Policy Number:

Insurance Agent's Phone Number:

Insurance Provider/Company:

Insurance Company's 5-digit Company Code:

PROPERTY DESCRIPTION AND DAMAGE REPORT

PLEASE USE A PENCIL TO FILL OUT WHAT YOU CAN.

THE REST WILL BE DONE DURING A MEETING.

| | |
|--|--|
| NAMES OF PROPERTY OWNERS: | |
| | |
| PROPERTY OWNERS SOCIAL SECURITY NUMBERS: | |
| | |

| |
|------------------------------------|
| PROPERTY OWNER(S) MAILING ADDRESS: |
| |

| | |
|---------------------|-----------------------|
| PHONE NUMBER (HOME) | PHONE NUMBER (OFFICE) |
| | |
| SUBDIVISION NAME: | |
| | |

| |
|----------------------|
| ADDRESS OF PROPERTY: |
| |

Deed (Attach Copy)

| | | | | | |
|---------------------|--|---------------------|--|----------------------|--|
| DEED VOLUME NUMBER: | | DEED PAGE NUMBER | | APPROXIMATE LOT SIZE | |
| TAX MAP NUMBER | | TAX MAP BOOK NUMBER | | TAX MAP PAGE #: | |
| PLAT BOOK NUMBER | | LOT NUMBER | | | |

| | |
|--|--|
| DATE PROPERTY WAS PURCHASED (MONTH & YEAR) | |
|--|--|

| | |
|--|--|
| FLOOD INSURANCE COMPANY (AGENT'S NAME) | |
| | |
| | |
| | |
| | |
| POLICY NUMBER: | |

| |
|--|
| |
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| |

| | |
|----------------------------------|--|
| USE OF STRUCTURE: (CHECK ONE) | |
| Single Family | |
| Multi Family | |
| Commercial (Specify Type) | |
| | |
| Industrial (Specify Type) | |
| No structure, lot vacant | |

| | |
|-----------------------------------|--|
| TYPE OF RESIDENCE: (CHECK ONE) | |
| Primary Residence | |
| Secondary Residence | |
| Rental | |
| Vacant Lot | |
| Other (Specify) | |
| | |

| | |
|------------------------------|--|
| TYPE OF HOME: (CHECK ONE) | |
| One Story | |
| Two Story | |
| Duplex | |
| Apartment Complex | |
| Manufactured Homes | |
| Other | |

| | |
|----------------------|--|
| STRUCTURE DESIGN: | |
| # of Finished Levels | |
| Basement | |
| Living Area: | |
| Sq. Ft. | |
| Age of Structure | |

| | |
|---|--|
| FOUNDATION CONSTRUCTION: (CHECK ONE) | |
| Slab-On-Grade | |
| Block/Brick Walls of Piers | |
| Concrete Walls/Piers | |
| Wood Piles | |
| Other (Specify) | |

| | |
|--------------------------------------|--|
| EXTERIOR/WALL FRAMING (CHECK ONE) | |
| Block | |
| Brick | |
| Wood | |
| Other (Specify) | |

PROPERTY DESCRIPTION AND DAMAGE REPORT

| | |
|------------------------|--|
| ESTIMATED MARKET VALUE | |
|------------------------|--|

| | |
|---------------------|--|
| ACTUAL MARKET VALUE | |
|---------------------|--|

| LOCATION OF PROPERTY: (CHECK ONE) | |
|-----------------------------------|--|
| Not in SFHA | |
| Floodway | |
| Floodplain | |

| SOURCE FOR ACTUAL MARKET VALUE (CHECK ONE) | |
|--|--|
| Appraisal | |
| Home Owner Estimate | |
| Market Survey | |

| LEVEL OF DAMAGE: (CHECK ONE) MADE BY | | | |
|--------------------------------------|--|-----------------------|--|
| More than 50% Damaged | | Less than 50% Damaged | |

| MONTH AND YEAR OF DAMAGE (LAST 4 FLOODS) | | | | |
|--|--|--|--|--|
| DAMAGE DATA MONTH & YEAR | | | | |

| | | | | |
|---|--|--|--|--|
| Depth of Flooding Above Lowest Floor (inches, feet) | | | | |
|---|--|--|--|--|

| | | | | |
|--|--|--|--|--|
| Duration of Flood Limiting Access to Home (days, hours): | | | | |
|--|--|--|--|--|

| | | | | |
|-------------------------------|--|--|--|--|
| Did You Have Flood Insurance? | | | | |
|-------------------------------|--|--|--|--|

| |
|--|
| What Were The Estimated Dollar Damage: |
|--|

| | | | | |
|------------------|--|--|--|--|
| Structure Damage | | | | |
| Content Damage | | | | |

| |
|--------------------------------------|
| What Were The Actual Claim Payments: |
|--------------------------------------|

| | | | | |
|------------------|--|--|--|--|
| Structure Damage | | | | |
| Content Damage | | | | |

For the Most recent flood, please check all that apply:

APPLIED

RECEIVED

AMOUNT

| | | | | |
|---------------------------------|--|--|----|--|
| Disaster Housing Program Grant | | | \$ | |
| State Individual & Family Grant | | | \$ | |
| Emergency Minimal Repair Grant | | | \$ | |
| Small Business Admin Loan | | | \$ | |
| Other: | | | \$ | |

| | |
|-----------------------|--|
| Pictures of Property: | |
|-----------------------|--|

Only complete this form if you have previous flood damages for which there is a lack of documentation. Please submit one form for each such occurrence. Each Affidavit of Flooding that is submitted must be notarized.

Affidavit of Flooding

Property Address: _____

Parcel ID Number: _____

Owner's Name: _____

Owner's Address/Phone: _____ - _____ - _____

Date: _____

I hereby attest that my property located at _____, experienced damage resulting from flooding on (or as a result of) _____. The depth of this flooding was approximately _____(inches/feet) inside of my home and remained for approximately _____(days/weeks).

I affirm that the statement made on this affidavit is true and complete to the best of my knowledge, and understand that this affidavit is for the purpose of collecting historical flood information by the community.

Owner's Name

Owner's Signature

Witness Information

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____, who is ☐ personally known to me or ☐ has produced _____ as identification.

Seal:

Notary Public

Printed Name of Notary