

Voluntary Participation Agreement
FEMA Hazard Mitigation Grant Program (HMGP)

ACQUISITION ELEVATION RELOCATION

(Separate forms needed for each property owned, including Vacant Lots if on separate deed)

Property Owner: _____ Social Security #: _____

(Co-Owner's Full Name): _____ Social Security #: _____

Phone #: () _____ Work #: () _____ Cell #: () _____

Property Address: _____
(To be acquired)

Mailing Address: (If different)

E-Mail : _____

PROPERTY INFORMATION- At time of Flood Body of water causing Flooding: _____

Do you currently have Flood Insurance? Yes No Insurance Company: _____

Flood Insurance Policy #: _____

Have you filed claims in last 10 years? Y N ICC? Y N Is home substantially damaged? Y N

Property: At time of flood (Circle) **Type Home:** **Foundation Type:** **Type Structure:**

Owner Occupied-Primary	Single Family	Basement Y N	Outside Entrance Y N	Wood
Owner Occupied- Secondary	2-4 Family	Finished Y N	Partial Y N	Masonry (Brick)
Rental	Multi (5+)	Crawl Space Y N		Stone
Vacant Lot	Manufactured	Elevated on piers/columns/posts/piles		Cement
Other (Explain)	Vacant Land	Slab on Grade		Other _____
_____	Other (Explain)	Vacant Land		
		Other (Explain) _____		

If Rented now, Please provide name, address, and phone number of renter (use extra pages as needed)

TAX Parcel #: _____

Date of Construction: _____

Total Living Area in Sq Ft. (All floors) _____

Number of Stories above ground: _____

Estimate the Fair Market Value of your home: \$ _____

Flood and Damage History-use extra pages as needed:

Date: _____ Damage \$'s: _____ Date: _____ Damage \$'s: _____
Date: _____ Damage \$'s: _____ Date: _____ Damage \$'s: _____

I understand that the sale of this property under the Hazard Mitigation Grant Program's Acquisition/Elevation Component is voluntary in nature, and that I am under NO obligation to participate, and that I may drop out of the program at any time.

I currently plan to participate in the voluntary property acquisition program.

Print Name(s) of Property Owner(s) _____

Signature: _____ Date: _____

Co-Owner's Signature (If applicable) _____