

Section 1 Property Site Inventory (Part 1 of 4)

Note: Please complete and submit a full Property Site Inventory for each structure involved in an acquisition, elevation, or mitigation reconstruction project. This form **must be signed by each property owner listed on the tax card** as participation in the program must be voluntary.

Signatures are required on pages 6, 9, 11 & 12. Note that page 11 must be notarized and 12 & 13 are duplicates because one of these must be signed by each homeowner listed on the tax card.

Owner Information

1. Name of Structure Owner (s): _____
2. Name of Property/Land Owner (s): _____
3. Street Address (including city, state, and zip code) of the damaged property:

4. Mailing Address (if different from site address):

5. Contact Phone Number: _____
Contact Email Address: _____
Alternative Email Address: _____
6. Are you a citizen of the United States? Yes No
 - a. If No, are you a non-citizen national of the United States? Yes No
 - b. Are you a qualified alien of the United States? Yes No(Note: You must provide documentation at time of closing)
7. Have you applied for disaster assistance in the past ten (10) years? Yes No
 - a. If Yes, provide FEMA Registration #: _____
 - b. Which disaster(s)? _____
8. Did you have flood insurance on the structure at the time of loss? Yes No
 - a. Was your home determined to be substantially damaged by local officials?
Yes No

North Carolina Emergency Management
 Project Grant Application (Homeowner Documents) rev. 2021

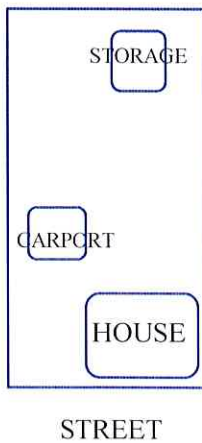
5. Total Square Footage of Structure: _____ Year of Construction: _____
 Total Heated Square Footage of Structure _____
6. Estimated value of the structure: \$ _____
7. How is wastewater from your home treated? (i.e. Septic system or central sewer system):

8. How is the home heated (i.e. electric, natural gas, oil or solar)? _____
9. Are there any underground storage tanks located on the property? Yes No
 a. If yes, please explain the size and usage: _____
10. Is there more than one parcel on the Deed for this structure? Yes No
11. Are there any additional structures or outbuildings on the property? Be sure to list any mobile homes, outbuildings, storage sheds, detached garages, carports, etc. Please list all structures, even if they are not on the tax card. Photos will need to be provided. Yes No

Type of Structure (garage, shed, barn, etc)	Date of Construction	Square Footage	Construction Type (wood, metal, etc.)

12. In the space provided, please provide a sketch of your property showing where the house and all ancillary structures are located on the parcel.

Example:



Section 3 Property Site Inventory (Part 2 of 4)

Occupancy Information

1. Was the property owner residing in the property at the time of the loss? Yes No
 - a. Provide the names and relationships of the individual(s) occupying the property **at the time of loss.**

Occupant Name	Relationship to Homeowner	U.S. Citizen?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

2. Is this property currently occupied? Yes No
 - a. If yes, provide the names and relationships of the individual(s) **currently occupying the property.**

Occupant Name	Relationship to Homeowner	U.S. Citizen?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

3. If this application involves a Mobile Home, indicate who owns the Mobile Home:

a. Who owns the land or the lot the Mobile Home rests on?

b. If the Mobile Home is located in a Mobile Home Park, please provide the Park Name and if known, the property owner's name: _____

c. Is the mobile home title held by the DMV?

Damage History

Please list the past damage to the property. Include damages resulting from Presidentially Declared disasters and other storm events. Please be sure to include as much detail as possible as this information will be used to assist with processing this application for assistance.

Event Date or	Description of Damages (If flooded, include water depth inside the home)	Cost of Repairs/ Replacement	Storm Name

Section 4 Property Site Inventory (Part 3 of 4)

Statement and Acknowledgement of Voluntary Participation

Replaces FEMA Form 086-0-31

The County/City certifies that any subsequent acquisition/elevation/mitigation reconstruction of property utilizing hazard mitigation funds are strictly voluntary and powers of eminent domain will not be used.

By signing this survey document, I/we, the undersigned, acknowledge that all information provided is true and correct to the best of my/our knowledge. Completing this application does not imply any additional obligation to participate in any subsequent property acquisition/elevation/mitigation reconstruction program undertaken by the County/City and does not imply any obligation by the County/City to purchase/elevate/reconstruct the above referenced property. The purchase/elevation/mitigation reconstruction of the referenced property is contingent on the State receiving funding from the Federal Emergency Management Agency (FEMA).

North Carolina Emergency Management
Project Grant Application (Homeowner Documents) rev. 2021

Seller affirms that I/we own the property located at _____, herein referred to as property.

1. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
2. Subgrantee has notified the Seller that **neither the *State* nor the *Local Government* will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
3. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
4. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
5. This Agreement shall expire on *the date of closing*, unless Seller has voluntarily sold Property to the Sub grantee by that date.

By signing this survey document, I/we the undersigned, agree to allow access to my/our property for the purpose of data collection.

Property Owner Signature: _____

Printed Name: _____ Date: _____

Additional Property Owner Signature: _____

Printed Name: _____ Date: _____

City/County Representative Signature: _____

Printed Name: _____ Date: _____

Please complete if you are *not* the property owner.

I am not the owner of the above referenced structure/parcel. My interest in this structure/parcel is:

Only property/structure owners and those individuals holding power of attorney for the property are eligible to apply. If the person(s) signing this application are not the deed holder of the above referenced property/structure, please state your interest in the property (i.e. Power of Attorney). Legal proof of this information will be necessary at the time of closing.

Failure to furnish all requested information on this form will result in a delay or removal of your property from consideration for hazard mitigation funding.

Please list all owners of this property:

Section 5 Property Site Inventory (Part 4 of 4)

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 North Carolina.

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 \$ _____.

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: _____

North Carolina Emergency Management
Project Grant Application (Homeowner Documents) *rev. 2021*

6. I have also applied for funds through: *(circle all that apply)*

Individual Assistance **NCORR** **CDBG** **SBA** **OTHER** _____

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.

Homeowner Signature

Date

Homeowner Signature

Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour 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 the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of 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, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS**

Privacy Act Statement

Authority: Sections 203 and 404 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, 42 U.S.C. § 5133 and 42 U.S.C. § 5170c; § 1366 of the National Flood Insurance Act, (NFIA) as amended, 42 § U.S.C. 4104c; § 1323 of the NFIA, 42 U.S.C. § 4030; and § 1361A of the NFIA, 42 U.S.C. § 4102a.

Purpose: The information is being collected for the purpose of formalizing the purchase offer valuation of a property subject to mitigation and to ensure that recipients of Hazard Mitigation Assistance funds for the acquisition and demolition of these properties understand that their participation is strictly voluntary.

Routine Uses: The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a (b) of the Privacy Act of 1974, as amended.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent FEMA from being able to provide Hazard Mitigation Assistance for the acquisition and demolition of the structure for the purposes of mitigation. The signed voluntary participation statement will be forwarded to the State/ applicant and the paper form will be contained in the grant application.

**Model Acknowledgement of Conditions
For Mitigation of Property in a Special Flood Hazard Area
With FEMA Grant Funds**

Property Owner _____
Street Address _____
City _____, State _____ Zip Code _____
Deed dated _____, Recorded _____
Tax map _____, block _____, parcel _____
Base Flood Elevation at the site is _____ feet (NGVD).
Map Panel Number _____, effective date _____

As a recipient of Federally-funded hazard mitigation assistance under the Hazard Mitigation Grant Program, as authorized by 42 U.S.C. §5170c / Pre-Disaster Mitigation Program, as authorized by 42 U.S.C. §5133 / Flood Mitigation Assistance Program, as authorized by 42 U.S.C. §4104c / Severe Repetitive Loss, as authorized by 42 U.S.C. §4102a, the Property Owner accepts the following conditions:

1. That the Property Owner has insured all structures that will **not** be demolished or relocated out of the SFHA for the above-mentioned property to an amount at least equal to the project cost or to the maximum limit of coverage made available with respect to the particular property, whichever is less, through the National Flood Insurance Program (NFIP), as authorized by 42 U.S.C. §4001 *et seq.*, as long as the Property Owner holds title to the property as required by 42 U.S.C. §4012a.
2. That the Property Owner will maintain all structures on the above-mentioned property in accordance with the flood plain management criteria set forth in Title 44 of the Code of Federal Regulations (CFR) Part 60.3 and City/County Ordinance as long as the Property Owner holds title to the property. These criteria include, but are not limited to, the following measures:
 - i. Enclosed areas below the Base Flood Elevation will only be used for parking of vehicles, limited storage, or access to the building;
 - ii. All interior walls and floors below the Base Flood Elevation will be unfinished or constructed of flood resistant materials;
 - iii. No mechanical, electrical, or plumbing devices will be installed below the Base Flood Elevation; and
 - iv. All enclosed areas below Base Flood Elevation must be equipped with vents permitting the automatic entry and exit of flood water.

For a complete, detailed list of these criteria, see City/County Ordinance attached to this document.

3. The above conditions are binding for the life of the property. To provide notice to subsequent purchasers of these conditions, the Property Owner agrees that the City/County will legally record with the county or appropriate jurisdiction's land

records a notice that includes the name of the current property owner (including book/page reference to record of current title, if readily available), a legal description of the property, and the following notice of flood insurance requirements:

“This property has received Federal hazard mitigation assistance. Federal law requires that flood insurance coverage on this property must be maintained during the life of the property regardless of transfer of ownership of such property. Pursuant to 42 U.S.C. §5154a, failure to maintain flood insurance on this property may prohibit the owner from receiving Federal disaster assistance with respect to this property in the event of a flood disaster. The Property Owner is also required to maintain this property in accordance with the flood plain management criteria of Title 44 of the Code of Federal Regulations Part 60.3 and City/County Ordinance.”

4. Failure to abide by the above conditions may prohibit the Property Owner and/or any subsequent purchasers from receiving Federal disaster assistance with respect to this property in the event of any future flood disasters. If the above conditions are not met, FEMA may recoup the amount of the grant award with respect to the subject property, and the Property Owner may be liable to repay such amounts.

This Agreement shall be binding upon the respective parties' heirs, successors, personal representatives, and assignees.

THE CITY/COUNTY OF _____

A _____ municipal corporation

By: _____
[County Rep. Signature, Title] Date

of the City/County of _____

&

[Property Owner Signature] Date

[Additional Property Owner Signature] Date

WITNESSED BY:

[Name of Witness] Date

[SEAL]

Notary Public

DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
 Expires August 31, 2022

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 (<i>print</i>)	SIGNATURE	DATE OF BIRTH	DATE SIGNED
INSPECTOR ID #	FEMA APPLICATION #	DISASTER #	
ADDRESS OF DAMAGED PROPERTY	CITY	STATE	ZIP CODE

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires August 31, 2022

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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):

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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.

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