

**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

<b>Property:</b> At time of flood (Circle)	<b>Type Home:</b>	<b>Foundation Type:</b>	<b>Type Structure:</b>
Owner Occupied-Primary	Single Family	Basement Y N	Wood
Owner Occupied- Secondary	2-4 Family	Finished 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) \_\_\_\_\_