

Notice of Voluntary Interest - FEMA Hazard Mitigation Assistance (HMA)

Please mail, fax or email your completed agreement with signature to:

Noah Ray Jacksonville Fire and Rescue Department

Emergency Preparedness Division

515 N. Julia Street Jacksonville, FL, 32202

nray@coj.net Fax: 904-630-0600

Property Owner: _____

(Co-Owner's Full Name): _____

Phone #: _____ Work #: _____ Cell #: _____

Property Address: _____

Mailing Address: (If different)

E-Mail: _____

PROPERTY INFORMATION Body of Water Causing Flooding: _____

Do you currently have Flood Insurance? Yes No

Insurance Company: _____ Policy #: _____

Please circle the appropriate answers below:

Is your property in foreclosure? If yes, please indicate mortgage lender: _____

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

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

TAX Parcel #: _____ Do you have an NFIP Elevation Certificate?

Date of Construction: _____ # Stories above ground: _____ Total Living Area in Sq Ft. (All floors): _____

Estimate the Fair Market Value of your home (land and improvements): \$ _____

Estimate the cost of elevation and related mitigation activities: \$ _____

Checklist of Required Documents:

- If Insured, Proof of Current NFIP Flood Insurance Coverage (Flood Policy Declarations page from NFIP Policy)
- Color photos of each of the sides of the house (If available, pictures of current and past flood damage)
- Sketch of property with footprint of house, with dimensions
- Elevation Certificate (If unavailable, the City will gather available information)
- FEMA Flood Loss History and/or Proof of Loss or Final Report from previous claims (Optional –however, flood loss history from FEMA documents provides best chance of funding)

The local government is required by FEMA to inform you that your participation in this project for structural elevation or 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.

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

Signature: _____ Date: _____

Co-Owner's Signature (if applicable) _____ Date: _____

PRIVACY ACT RELEASE

RETURN NOW

I/We, the undersigned, hereby grant my/our permission for the City of Jacksonville to publish, through public notice, the location of my real property which is being considered for a mitigation project (acquisition and demolition) by the City of Jacksonville

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 Hazard Mitigation Assistance Program (HMGP or FMA), 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 City of Jacksonville 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 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)	
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FLOOD INSURANCE COMPANY (AGENT'S NAME)
POLICY NUMBER:

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	
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ACTUAL MARKET VALUE	
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LOCATION OF PROPERTY: (CHECK ONE)	
Not in SFHA	<input type="checkbox"/>
Floodway	<input type="checkbox"/>
Floodplain	<input type="checkbox"/>

SOURCE FOR ACTUAL MARKET VALUE (CHECK ONE)	
Appraisal	<input type="checkbox"/>
Home Owner Estimate	<input type="checkbox"/>
Market Survey	<input type="checkbox"/>

LEVEL OF DAMAGE: (CHECK ONE) MADE BY			
More than 50% Damaged	<input type="checkbox"/>	Less than 50% Damaged	<input type="checkbox"/>

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

Depth of Flooding Above Lowest Floor (inches, feet)				
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Duration of Flood Limiting Access to Home (days, hours):				
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Did You Have Flood Insurance?				
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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	<input type="checkbox"/>	<input type="checkbox"/>	\$	
State Individual & Family Grant	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Emergency Minimal Repair Grant	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Small Business Admin Loan	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	\$	

Pictures of Property:	
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FLOOD MITIGATION ASSISTANCE PROGRAM
VOLUNTARY PARTICIPATION AGREEMENT / 25% COMMITMENT
Sub-grantee: City of Jacksonville

I/We, _____ am/are the owner(s) of the property located at:

1. I/We have requested the County to include my property in an application for funding under the Flood Mitigation Assistance Program.
2. I/We acknowledge that the Flood Mitigation Assistance Program will cover no more than 75% of the project cost, and I commit to providing a minimum match of 25%. For **Repetitive Loss Properties**, the FMAP will cover no more than 90% of the project cost, and I commit to providing a minimum match of 10%. For **Severe Repetitive Loss Properties**, the FMAP will cover 100% of eligible project costs (Valid for FY 2023 FMA Notice of Funding Opportunity).
 - a. **Repetitive loss properties** are defined as:
 - i. Has incurred flood-related damage on two occasions, in which the cost of the repair, on the average, equaled or exceeded 25 percent of the market value of the structure at the time of each such flood event; and
 - ii. At the time of the second incidence of flood-related damage, the contract for flood insurance contains Increased Cost of Compliance coverage.
 - b. **Severe repetitive loss properties** are defined as:
 - i. For which four or more separate claims payments (includes building and contents) have been made under flood insurance coverage with the amount of each such claim exceeding \$5,000, and with the cumulative amount of such claims payments exceeding \$20,000, or
 - ii. For which at least two separate claims payments (building payments only) have been made under such coverage, with the cumulative amount of such claims exceeding the market value of the insured structure.
3. I/We am/are aware that if I/we I agree to participate in the proposed mitigation project I/we will not be entitled to the relocation benefits provided by the Federal Uniform Relocation Assistance and Real Property Acquisition Policies Act, which are only available to persons who must give up their property involuntarily.
4. I/We have been notified by the County that if my house is elevated or relocated I/we will be required to have flood insurance, and that the requirement of flood insurance coverage will be recorded in the land records and maintained for the life of the property.

Signed

Property Owner Date

Signed

Property Owner Date