

**OAK ISLAND PROPERTY OWNER APPLICATION
FOR HAZARD MITIGATION FUNDING**

Section 1 – Property Site Inventory (Part 1 of 3)

Note: Please complete and submit a complete application for each structure involved in an acquisition, elevation, or mitigation reconstruction project. This form **MUST BE SIGNED BY EACH PROPERTY OWNER LISTED ON THE DEED** as participation in the program must be voluntary.

Signatures are required on pages 5, 7, 8, 9, & 10. Note that page 9 must be notarized, and 10 & 11 are duplicates because one of these must be signed by each homeowner listed on the deed.

Owner Information

| | | | | |
|---|--|-------------------------|-----------|--|
| 1. Name of Structure Owner(s): | | | | |
| 2. Name of Property/Landowner(s): | | | | |
| 3. Street Address (including city, state, and zip) 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 If no, are you a non-citizen of the United States? Yes No Are you a qualified alien of the United States? Yes No | | | | |
| 7. Have you applied for disaster assistance in the past ten (10) years? Yes No If Yes, Provide FEMA Registration #: _____ Which disaster(s): _____ | | | | |
| 8. Did you have flood insurance on the structure at the time of loss? Yes No Was your home determined to be substantially damaged by local officials? Yes No How many claims have you filed for flood insurance in the past 10 years? _____ | | | | |
| If you received insurance claim money, how much did you receive? _____ | | | | |
| Have you made a claim with your flood insurance agent for Increased Cost of Compliance coverage? Yes No | | | | |
| Flood Insurance Agent/Company: _____ Policy Number: _____ | | | | |
| 9. Are you requesting (Select One): | | Acquisition “buyout” | Elevation | Mitigation Reconstruction “demo/rebuild” |

| | | |
|---|-----|----|
| 10. Have you participated or applied for assistance in a previous acquisition, elevation, or mitigation reconstruction program? | Yes | No |
| If Yes, When? | | |

Structure Information

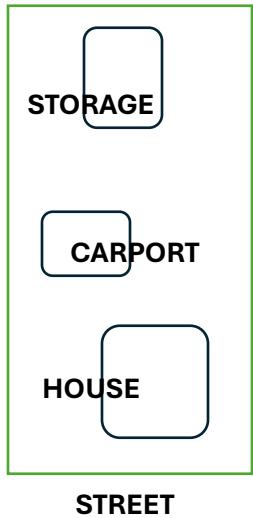
| | | |
|--|-----------------------------|--------------------------|
| 1. Building Type | | |
| 1 Story w/o basement | 1 Story w/ basement | Split-level w/o Basement |
| Split-level with basement | 2 Story w/o basement | 2 Story with basement |
| Mobile Home | Duplex/Apartment/Town House | Commercial Structure |
| 2. Building Use (At the time of loss): | | |
| Owner Occupied | Rental Property | Secondary Residence |
| Business Property | Public Building | House of Worship |
| Multi-Family | Other: | |
| 3. Construction Type: | | |
| Wood Frame | Concrete Block | Brick |
| | Other: | |
| 4. Foundation Type: | | |
| Slab on Grade | Crawl Space w/ Ductwork | Crawl Space w/o Ductwork |
| Piers/Pilings | Basement | Other: |
| 5. Year of Construction: | | |
| 6. Total Square Footage of Structure: | | |
| Total Heated Square Footage of Structure: | | |
| 7. Estimated Value of the Structure: | | |
| 8. How is wastewater from your home treated? | | Septic Tank |
| | | Local Sewer System |
| 9. How is the home heated? | | Electric |
| | | Natural Gas |
| | | Oil |
| 10. Are there any underground storage tanks located on the property? | | Yes |
| | | No |
| If yes, please explain the size and usage: | | |
| 11. Is there more than one parcel on the Deed for this structure? | | Yes |
| | | No |

12. 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.) |
|---|----------------------|----------------|--|
| | | | |
| | | | |
| | | | |

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



Section 2 – Property Site Inventory (Part 2 of 3)

Occupancy Information

1. Was the property owner residing in the property at the time of the loss? Yes No

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 <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2. Is the property currently occupied? Yes No

If yes, provide names and relationships of the individual(s) currently occupying the property:

| Occupant Name | Relationship to Homeowner | U.S. Citizen? |
|---------------|---------------------------|--|
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Mobile Homes Only

| | | |
|---|-----|----|
| 1. If this application involves a Mobile Home, indicate who owns the Mobile Home: | | |
| 2. Who owns the land or the lot the Mobile Home rests on: | | |
| 3. If the Mobile Home is in a Mobile Home Park, please provide the Park Name and if known, the property owner's name: | | |
| 4. Is the mobile home title held by the DMV? | Yes | No |

Damage History

Please list the past damage to the property. Include damages resulting from Presidential 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 | Description of Damages | Cost of Repairs/Replacement | Storm Name |
|------------|------------------------|-----------------------------|------------|
| | | | |

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
**STATEMENT OF VOLUNTARY PARTICIPATION FOR ACQUISITION OF
PROPERTY FOR PURPOSE OF OPEN SPACE**

OMB Control Number: 1660-0103
Expiration: 6/30/2024

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 submit to this collection of information unless it displays a valid OMB control number. 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, and 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. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA-009 - Hazard Mitigation Disaster Public Assistance and Disaster Loan Programs System of Records System of Records Notice (79 Fed. Reg. 16,015, March 24, 2014), and upon written request, by agreement, or as required by law.

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.

THIS AGREEMENT is made an entered into this on (date) _____, by and between (name of Subrecipient)

, hereinafter referred to as "Subrecipient," and (property owner)

, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address)

, hereinafter referred to as "property."

2. Subrecipient has notified Seller that the Subrecipient may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.

3. Subrecipient has identified that the purchase price offer valuation of the property as of (date) _____ is _____, as determined by appropriate valuation procedures implemented by Subrecipient and based on FEMA acquisition requirements provided in 44CFR

Part 80, and relevant program guidance below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).

4. Subrecipient 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 purposes if the Seller chooses not to participate, or if negotiations fail.**

5. Subrecipient has notified Seller that if the Seller agrees to sell the property to the Subrecipient 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.

6. Subrecipient 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 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.

7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold property to the Subrecipient by that date.

Property Owner Signature

Date _____

Property Owner Signature

Date _____

Subrecipient's Authorized Agent Signature

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 finding.

Please list all owners of this property:

| | |
|--|--|
| | |
| | |
| | |

Section 4 – Property Site Inventory (Part 3 of 3)

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: _____

3. 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: _____

4. 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: _____

5. I have also applied for funds through: (check 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

**Model Acknowledgment of Conditions
For Mitigation of Property in a Special Flood Hazard
Area With FMA 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 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 60.03 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:
 - a. Enclosed areas below the Base Flood Elevation will only be used for parking of vehicles, limited storage, or access to the building;
 - b. All interior walls and floors below the Base Flood Elevation will be unfinished or constructed of flood resistant materials;
 - c. No mechanical, electrical, or plumbing devices will be installed below the Base Flood Elevation; and
 - d. 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 Oak Island 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 Oak Island 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 Oak Island 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 COUNTY OF: | BRUNSWICK |
| A | Municipal corporation |
| By: | |
| [Oak Island Rep. Signature, Title] | Date |

&

[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

OMB. No. 1660-0002
 Expiration: 09-30-2025

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 administrating 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 |

DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
DECLARATION AND RELEASE

OMB. No. 1660-0002
 Expiration: 09-30-2025

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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.

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).

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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 |