

North Carolina Emergency Management Grant Application

Completed form, signed by each owner listed on the tax card, is required for grant application.
Signature(s) required on pages 6, 8, 10 (if elevation is selected), 12, 14 (additional homeowner).
Omitted or incorrect information may delay processing application or deem application ineligible for consideration.
Additional documents required: tax card, elevation certificate (if available), proof of flood insurance (if available), photographs of the structure (1 picture of each side; each picture must show the entire side of the structure), picture of each ancillary structure.

Section 1: Property Site Inventory (Part A and B)

A. Property Owner Information:

1. Address of structure being considered for mitigation ("primary structure"):

Street (number and name): _____

City: _____ State: _____ Zip code: _____

2. Type of mitigation assistance being requested for the above property:

_____ (1) Acquisition (land parcel and structures will be bought and turned to green space)

_____ (2) Elevation (house will be raised) _____ (3) Reconstruction (house will be demolished and rebuilt)

If your preferred type of mitigation assistance isn't available, would you consider an alternative type of mitigation?

_____ Yes _____ No

If yes, please select alternate mitigation type:

_____ (1) Acquisition _____ (2) Elevation _____ (3) Reconstruction

3. Structure owner(s) (all persons listed on tax record, required)

Name(s): (1) _____ (2) _____

Mailing address (if different from site address):

Street (number and name): _____

City: _____ State: _____ Zip code: _____

Contact phone number: (1) _____ - _____ - _____ (2) _____ - _____ - _____

Contact email address: _____

Are you a citizen of the United States? _____ Yes _____ No

If no, are you a non-citizen national of the United States? _____ Yes _____ No

Are you a qualified alien of the United States? _____ Yes _____ No (documentation will be required)

4. Land owner(s) (all persons listed on tax record, if different than structure owner(s), listed above)

Name(s): (1) _____ (2) _____

Street (number and name): _____

City: _____ State: _____ Zip code: _____

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Contact phone number: (1) _____ - _____ - _____ (2) _____ - _____ - _____

Contact email address: _____

Are you a citizen of the United States? _____ Yes _____ No

If no, are you a non-citizen national of the United States? _____ Yes _____ No

Are you a qualified alien of the United States? _____ Yes _____ No (documentation will be required)

5. Structure type:

_____ 1-story house w / o basement

_____ 1-story house with basement

_____ 2-story house w / o basement

_____ 2-story house with basement

_____ Split-level house with basement

_____ Split-level house w / o basement

_____ Mobile home

_____ Duplex

_____ Apartment

_____ Other: _____

6. If mobile home, is it titled by the DMV? _____ Yes _____ No _____ N/A (not a mobile home)

If yes, please provide details: VIN: _____ Plate: _____ State: _____

7. Construction type:

_____ Wood Frame

_____ Other: _____

8. Foundation type:

_____ Slab on grade

_____ Concrete

_____ Crawl space with ductwork

_____ Block

_____ Brick

_____ Crawl space w / o ductwork

_____ Piers / pilings

_____ Basement

_____ Other: _____

9. Wastewater: _____ Septic system _____ Central sewer system _____ Other: _____

10. Heating: _____ Electric _____ Gas _____ Oil _____ Solar _____ Other: _____

11. Are there underground storage tanks on the property? _____ Yes _____ No

If yes, please explain tank usage / size:

(1) Usage: _____ / Size: _____ (2) _____ / _____

(3) _____ / _____ (4) _____ / _____

12. Structure details:

Year of construction: _____ Value of structure: \$ _____ Value of land: \$ _____

Total square footage of structure: _____ Heated square footage of structure: _____

13. Has this structure been deemed uninhabitable or destroyed by a government official or professional inspection?

_____ Yes _____ No

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If yes, please list reasons (fire, internal flood, environmental flood, termite destruction, foundation issues, disrepair):

- (1) _____
- (2) _____
- (3) _____

If yes, please provide name and contact number of government official or professional inspector:

- 14.** Are there ancillary structures on the land being acquired? _____ Yes _____ No _____ N/A (elevation)
If yes, please provide details in **Table 1.1**, for additional structures on land.

Table 1.1

Ancillary structure (deck, garage, carport, shed, barn, kennel, pool, dock, mobile home)	Size (20" L x 16" W x 10" H)	Date of construction	Value
(1)			
(2)			
(3)			
(4)			
(5)			

- 15.** Is there more than one residential structure on the parcel being acquired? _____ Yes _____ No _____ N/A (elevation)
If yes, please provide address in **Table 1.2**, for additional residential structure on parcel.

- 16.** Is there more than one parcel on the deed for the structure? _____ Yes _____ No _____ N/A (elevation)
If yes, please provide the address in **Table 1.2**, for additional parcels on 1 deed. This parcel will also be acquired.

- 17.** Are there adjacent properties (same owner) to be acquired? _____ Yes _____ No _____ N/A (elevation)
If yes, please provide details in **Table 1.2**, adjacent properties to be acquired.

Table 1.2

Enter the address of the additional residential address, or the address of the secondary parcel, or the address of adjacent property	Enter: "Additional residential structure" "Additional parcel" "Adjacent property"
(1)	
(2)	
(3)	

- 18.** Who is currently occupying the structure(s)? _____ Owner _____ Renter _____ Other _____ Vacant
If occupied, please provide names and relationships of occupants in **Table 1.3**.

Table 1.3

Name	Relationship	Primary or secondary residential structure?

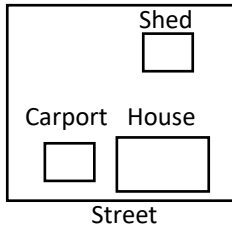
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Name	Relationship	Primary or secondary residential structure?

Relationship values: (1) Self (owner), spouse, significant-other, child, mother, father, family member, friend
 (2) Renter (requires rental agreement)
 (3) Non-renter (not owner occupied, there is no rental agreement with occupant)

19. In the space provided, please provide a sketch of your property displaying location of house(s) and all ancillary structures. This will be confirmed against provided photos

Example:



20. Has this structure experience damage or loss due to environmental flooding or disaster? Yes No

B. Structure Flood, Damage or History, if Applicable:

21. For this structure, have you applied for disaster assistance in the past ten (10) years? Yes No

If yes, please provide FEMA Registration #: _____

22. For this structure, have you applied for assistance in a previous acquisition, elevation, or reconstruction program?
 Yes No

If yes, please (a) provide program and (b) which type of assistance was requested: (a) _____

(b) _____

23. For this structure, did you have flood insurance, at the time of loss? Yes No

24. For this structure, how many flood insurance claims have you filed, in the past 10 years? _____

25. Have you made a flood insurance claim for Increased Cost of Compliance coverage? Yes No

26. Flood insurance agent / company: _____

27. Flood insurance policy number: _____

28. Structure use at time of loss:

- | | |
|--|---|
| <input type="checkbox"/> Owner occupied as primary residence | <input type="checkbox"/> Owner occupied as primary residence and business use |
| <input type="checkbox"/> Owner use as secondary residence | <input type="checkbox"/> Owner use as secondary residence and business use |
| <input type="checkbox"/> Public building | <input type="checkbox"/> Rental property |
| <input type="checkbox"/> House of worship | <input type="checkbox"/> Business use only |

29. Please list damage to the structure from external or environmental causes, including damages resulting from presidentially declared disasters and other events (i.e. water-level rise due to regional construction) in **Table 1.4**.

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Table 1.4

Date (MM/DD/YY)	Storm name (if applicable)	Description of damages	Cost of damages (1 total amount per event)	Amount reimbursed from flood insurance (1 total amount per event)
(1)			\$	\$
(2)			\$	\$
(3)			\$	\$
(4)			\$	\$

30. Who was occupying the structure(s) at time of loss? _____ Owner _____ Renter _____ Other _____ Vacant
If occupied at time of loss, please provide names and relationships of occupants in **Table 1.5**.

Table 1.5

Name	Relationship

Relationship values: (1) Self (owner), spouse, significant-other, child, mother, father, family member, friend
(2) Renter (requires rental agreement)
(3) Non-renter (not owner occupied, there is no rental agreement with occupant)

Note: only structure / land owners, and individuals with power of attorney for the owner, are eligible to apply. If the person(s) signing this application are not the deed holder of the above structure / land, 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 property from consideration for hazard mitigation funding.

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Section 2: Statement and Acknowledgement of Voluntary Participation

Replaces FEMA Form 086-0-31

The county / city / local government (herein referred to as “subgrantee”) certifies that any subsequent acquisition / elevation / mitigation reconstruction of property, utilizing hazard mitigation funds, is strictly voluntary and powers of eminent domain will not be used.

The property owner(s), understand that completing this application does not obligate the owner to participate in any subsequent property acquisition / elevation / mitigation reconstruction program undertaken by the subgrantee.

The property owner(s), understand that completing this application does not obligate the subgrantee to purchase / elevate / reconstruct the above referenced property. The purchase / elevation / mitigation reconstruction of the referenced property is contingent upon the state receiving funding from the Federal Emergency Management Agency (FEMA).

By signing this document, the property owner(s), acknowledge that all of the information provided is true and correct to the best of available knowledge and documentation.

The property owner(s) affirm that I/we are rightful owners of the structure and land located at:

_____, herein referred to as “property.”

- A. For acquisition mitigation assistance, the subgrantee has notified the seller that it is offering to purchase property. If seller(s) agree to this offer, and the sale of the property is finalized, the seller must permanently relocate from property.
- B. For acquisition mitigation assistance, subgrantee for acquisition, 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 is available to property owners are required to sell their properties involuntarily.
- C. For acquisition mitigation assistance, subgrantee affirms that it has explained the information described in the preceding paragraphs to the seller, and property is not a part of an intended, planned, or designated project area where the property is to be acquired within specific time limits.

(1) Structure Owner Signature: _____

Printed Name: _____ Date: _____

(2) Structure Owner Signature (or enter “N/A”): _____

Printed Name: _____ Date: _____

(1) Land Owner Signature (or enter “N/A”): _____

Printed Name: _____ Date: _____

(2) Land Owner Signature (or enter “N/A”): _____

Printed Name: _____ Date: _____

(1) Subgrantee Signature: _____

Printed Name: _____ Date: _____

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Section 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. Small Business Administration (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 - 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 \$ _____

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 \$ _____

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5. I have also applied for funds through: _____ Individual Assistance, _____ NCORR, _____ CDBGR,
_____ 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.

(1) Homeowner Signature: _____ Date: _____

(2) 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.

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Section 4: Model Acknowledgement of Conditions for Home Elevation

Model Acknowledgement of Conditions
For Mitigation of Property in a Special Flood Hazard Area (SFHA) with FEMA Grant Funds
*Requires notarization

Property owner(s) name(s): _____

Street address: _____

City: _____, State: _____ Zip code: _____

Deed date: _____ Recorded: _____

Tax map: _____, Block: _____, Parcel: _____

Base flood elevation: _____ (NGVD)

Map panel number: _____, Panel 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 Assistance 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 §4104a, 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;
 - 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

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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 Representative Signature, Title] _____ [Date]

Of the city / county _____

&

_____ [Property Owner (1) Name]

_____ [Property Owner (1) Signature] _____ [Date]

_____ [Property Owner (2) Name, if applicable]

_____ [Property Owner (2) Signature, if applicable] _____ [Date]

WITNESSED BY:

_____ [Notary Public] _____ [Date]

NOTARY PUBLIC SEAL:

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Section 5: Declaration and Release (Homeowner 1)

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

O.M.B No. 1660-0002
Expires August 21, 2022

DECLARATION AND RELEASE

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: _____

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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

FEMA FORM 009-0-3

REPLACES ALL PREVIOUS EDITIONS

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Section 6: Declaration and Release (Homeowner 2)

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B No. 1660-0002
Expires August 21, 2022

PAPERWORK BURDEN DISCLOSURE NOTICE

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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: _____

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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

FEMA FORM 009-0-3

REPLACES ALL PREVIOUS EDITIONS