



FMA SWIFT FY 23
Due: 3/01/24

FEMA Flood Mitigation Assistance (FMA) Home Elevation Program Application Instructions and Checklist

If you are interested in participating in a Flood Mitigation Assistance Grant program, please complete all enclosed documents and provide the supplemental information requested. Upon receipt, the City will determine the eligibility of your application. Completed participation packages may be submitted to the City by email or via US Mail. Your personal information will be protected, and processed confidentially in compliance with the Federal Privacy Act of 1974.

All submissions are due to the City no later than: 3/01/24

CHECKLIST OF REQUIRED DOCUMENTS

REQUIRED FORMS [ENCLOSED]:

- ☐ **Voluntary Interest Form**
 - Homeowner name, property address, mailing address, and contact information
 - Identify the number of residents and how many residents currently work
 - Sign and date the form
- ☐ **Model Acknowledgement of Conditions Form**
 - This document must be notarized (most banks and some UPS stores have public notary)
- ☐ **Declaration and Release Form**
 - Read the form and certify type of citizenship

REQUIRED DOCUMENTS [PROVIDED BY PROPERTY OWNER]:

- ☐ **Proof of current NFIP Flood Insurance Coverage**
 - Provide a copy of your Flood Policy Declaration page from your current policy
- ☐ **FEMA Flood Loss History**
 - Provide your NFIP flood loss history, supplied with your Flood Insurance Policy
 - To request flood loss history, fill out and submit the enclosed document via mail or fax to the NFIP Help Center, 3601 Eisenhower Avenue, Suite 500, Alexandria, VA 22304-6426, or by fax (703)960-9125
 - Please note, this cannot be requested electronically and can take 7-10 business days to arrive once it has been requested
- ☐ **Colored photos of all exterior facades**
 - Clear, dated, colored digital photos showing full view of the front, back, and both sides of the structure that shows the roof line to the foundation
 - *Photos must be taken within 90 days of application submission
- ☐ **Copy of your current photo identification**

GRANT APPLICATION SUBMISSIONS MUST BE SENT BY MAIL OR EMAIL TO THE FOLLOWING ADDRESSES:

SCAN AND EMAIL	REGULAR MAIL
jcollins@crystalriverfl.org Re: FEMA FMA – [Property Address]	City of Crystal River ATTN Jenette Collins 123 NW Highway 19 Crystal River, FL 34428

Please note that submittal of the participation package does not guarantee inclusion in the City's grant applications or that your project will receive mitigation assistance funds. The number of properties that may be included in the City's applications is limited and the City's applications will be reviewed competitively against applications from other applicants in Florida and the United States. The review and award of these grant applications requires considerable ongoing coordination between the property owner, the City, and FEMA, and there is no guaranteed timeline for completion of projects included in the applications.

For questions, please contact Brittany Shenk, Brittany.shenk@atkinsrealis.com, 503.205.3759



FMA SWIFT FY2023
Due: March 1, 2024

FEMA Flood Mitigation Assistance (FMA) Home Elevation Program
Application Form Notice of Voluntary Interest

Any homeowner interested in receiving FMA grant funds to elevate their home must have a current National Flood Insurance Program (NFIP) Policy. **Homeowners must maintain this policy throughout the elevation process and post-elevation in perpetuity of the life of the property, including through the sale to any new owner(s).** The requirement to maintain NFIP coverage on the property will be **deed-restricted to the property** post elevation.

Property Owner Name: _____

Property Owner Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Secondary Phone Number: _____

Primary Email: _____

Second Email: _____

How many people live at this property as their permanent residence? _____

How many people that live at this property are employed (either full or part time)? _____

Is this property your primary residence?

☐ Yes

☐ No

Is this property rented to tenants?

☐ Yes

☐ No

What type of structure is the property?

☐ Single Family Residence

☐ Condo / Duplex

☐ Apartment / Multi-Unit Complex

☐ Townhouse

How many stories does the structure have?

☐ 1 story

☐ 2 stories

☐ 2+ stories

Select the type of garage for this residence:

☐ Attached garage

☐ Detached garage

☐ No garage

Please note, all required application documents must be submitted on **March 1, 2024** to be considered for inclusion. The local government is required by FEMA to inform you that your participation in the program for mitigation is voluntary. Neither the State of Florida nor the City of Crystal River 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. Additionally, an application submitted is not a guarantee of funding.

Signing this form does not commit the homeowner or local government to any action. Signing this form simply confirms interest in proceeding with the elevation grant application.

Homeowner Signature: _____ Date: _____

Homeowner Signature: _____ Date: _____

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

All parties interested in participation Flood Mitigation Assistance grant program to elevate your structure should complete this form. By signing this document, it does not commit you to any actions unless you accept the mitigation offer to elevate your structure.

Property Owner(s): _____

Property Street Address: _____

City: _____

State: _____

Zip Code _____

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 of Crystal River's Chapter 6 of the Code of Ordinances 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 of Crystal River's Chapter 6 of the Code of Ordinances on [ARTICLE XV. - FLOODPLAIN ADMINISTRATION | Code of Ordinances | Crystal River, FL | Municode Library](#).

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 of Crystal River's Chapter 6 of the Code of Ordinances 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 of Crystal River's Chapter 6 of the Code of Ordinances.

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.

This section should be signed by the property owner at the time of application and prior to award of the subgrant.

Property Owner Signs Here: _____

Property Owner Prints Name Here: _____

Additional Property Owner Signs Here: _____

Additional Property Owner Prints Here: _____

WITNESSED BY:

Witness Signs Here: _____

Witness Prints Name Here: _____

NOTARY PUBLIC ACKNOWLEDGEMENT

State of Florida, Citrus County, City of Crystal River

Before Me, _____, on this day personally appeared _____. Know to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20____.

Notary Public Signature: _____

This Section should be completed upon completion of the elevation and recorded with Citrus County and the City of Crystal River – Public Works.

By: _____

Troy Slattery, City of Crystal River, Director of Public Works

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

OMB. No. 1660-0002
Expires March 31, 2024

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