Reset Print

PROPERTY INVENTORY (Revised)

INDIVIDUAL SEQUENTIAL # _____ of _____

A. Owner Data:

Name(s) _____

Name(s) _____

Damaged Property Address: _____

City: _____ County: _____ State: WV ZIP: _____

Email: _____

Mailing Address: _____
(if different from above)

City: _____ County: _____ State: _____ ZIP: _____

Best Phone #: _____ Alternate #: _____

Property Is:

Primary Residence: ☐ Rental residence: ☐ Public: ☐

Secondary/Seasonal: ☐ House of Worship: ☐ Other: _____

B. Tenant Data (If Applicable). If more than one, use Tenant Summary Sheet:

Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Best Phone #: _____ Alternate #: _____

Number of individuals residing in rental property: _____

Will tenant be displaced by this HMGP Program: _____

C. NATIONAL FLOOD INSURANCE PROGRAM INFORMATION:

NFIP Policy Number: _____

NFIP Policy Provider: _____

Have you filed an NFIP Claim for most recent flooding? Yes ☐ No ☐

D. POSSIBLE SOURCES OF DISASTER ASSISTANCE FOR DUPLICATION OF BENEFITS (DOB):

Check all that apply:

NFIP SETTLEMENT: ☐ SBA LOAN: ☐

DISASTER HOUSING PROGRAM (FEMA) ☐ STATE ONA PROGRAM: ☐

OTHER: _____

E. HAS THIS STRUCTURE EVER BEEN FLOODED? Yes ☐ No ☐

If yes, complete the following section. This section *MUST* be completed if house has been flooded.

Date(s) of Flooding	Depth of water, in inches, on First Floor Elevation	Structure Loss Value (in dollars)	Contents Loss Value(in dollars)	

PROPERTY INVENTORY (Revised) INDIVIDUAL SEQUENTIAL # _____ of _____

Name(s) of Property Owner: _____

F. PROPERTY DATA:

Tax Map #: _____ Parcel #: _____ Assessed Value: _____

Type of Property (check one):

Single Family Home: ☐ Multiple Family Home: ☐ Own Home/Pad/Lot: ☐

Rent Home/Pad/Lot: ☐ Mobile Home: ☐ Commercial: ☐

House of Worship: ☐ Vacant Lot: ☐ Other: _____

Number of Stories (not including basement):

Does property have a Basement? Yes ☐ No ☐ Is basement a walkout?: Yes ☐ No ☐

Type of construction (e.g. wood frame, masonry, etc.): _____

Type of foundation (e.g. post and pier, continuous perimeter, slab, etc.): _____

Total square footage of primary dwelling: _____

Date of initial construction (approximate if unknown): _____

Is any structure on property fifty (50) years or older?: Yes ☐ No ☐

Size of lot in acres: _____

Flooding Source (e.g. name of stream, creek, river, landslide, etc.): _____

Percentage of Property Damaged: _____ % (Do NOT include contents.)

Was structure declared substantially damaged by local authority?: Yes ☐ No ☐

(If yes, applicant should attach a Substantial Damage Worksheet or other verification of substantial damage)

Is home liveable?: Yes ☐ No ☐

Was home totally destroyed?: Yes ☐ No ☐

Was home condemned by local/state/federal authority?: Yes ☐ No ☐

Has home been demolished?: Yes ☐ No ☐

G. FOR BUSINESSES ONLY:

Type of Business: _____

Monthly cost of rental space: _____ Estimate of contents damage: _____

Description of contents: _____

Number of lost business days: _____ Estimated income loss per day: _____

NOTE: Owner, do not write in the following box. This space is to be completed by the applicant (the community).

H. FIRM INFORMATION:

Community Name: _____ FIRM DATE: _____

FIRM COMMUNITY ID NUMBER: _____ FIRM PANEL NUMBER: _____

Is Property in Floodway?: Yes ☐ No ☐

Is Property in Floodplain?: Yes ☐ No ☐

If yes to above, describe floodplain (e.g. 10, 25, 50, 100, 500 year):

Latitude: _____ Longitude: _____

Has this property been surveyed?: Yes ☐ No ☐

HAZARD MITIGATION PROJECT
VOLUNTARY PARTICIPATION AGREEMENT

Community: _____

Project Type: _____

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

_____

City_____State:_____Zip Code: _____

1. I/We have requested the County to include my property in an application for funding under the Hazard Mitigation Grant Program. Program participation is **Voluntary** and I/We may withdraw from the project at any time without any penalty, prior to the commencement of the work.

   I/We are interested in participating in the following mitigation activity:

   ☐ Elevation

   ☐ Mitigation Reconstruction

   ☐ Relocation

2. I/We acknowledge that the Hazard Mitigation Grant Program will cover no more than 75% of the total project cost. The state, community or I/We may have to commit and provide a minimum match of 25%.
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 mitigated 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

Homeowner Contact Information:

Day and evening phone numbers: _____/_____

Email address: _____

Mailing address (if different from above): _____

_____

VOLUNTARY PARTICIPATION AGREEMENT

(ACQUISITION ONLY)

This agreement is made and entered into this _____day of _____, 20_____,

By and between (community) _____, hereinafter referred to as

"Sub-Recipient," by its authorized agent, and (owner[s]) _____

_____, Herein after referred to as "Seller." The parties agree

as follows:

1. Seller affirms that he/she/they is/are the owner/owners of property located at:

Address: _____

City: _____ State _____ ZIP _____

Seller's Phone: (Day) _____ (Night) _____

2. The real property described above hereinafter shall be referred to as "property."
3. Sub-Recipient has notified Seller that the Sub- Recipient may wish to purchase property, and, if Seller agrees to sell, Seller must permanently relocate from said property.
4. Sub-Recipient has notified Seller that Seller is not required to sell property and Sub-Recipient will not use its power of eminent domain for the purpose of this acquisition project to acquire property if Seller chooses not to sell.
5. Sub- Recipient has notified Seller that if Seller agrees to sell property to Sub- Recipient, such a transaction is voluntary. Consequently, 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. Sub- Recipient affirms that it has provided the notifications and explained the information described in the preceding paragraphs, and property identified above is not a 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. The Seller affirms and attests that they are a National of the United States or a qualified alien per HMA Guidance 2015 Addendum Part A.6.9.2.
8. The Sub-Recipient, by signature below, indicates they have verified the citizenship status of the Seller(s).

_____ _____

Property Owner Signature Date

_____ _____

Property Owner Signature Date

_____ _____

Sub-Recipient's Authorized Agent Signature Date