

PROPERTY INVENTORY (Revised)		INDIVIDUAL SEQUENTIAL # _____ of _____	
A. Owner Data			
Name(s) _____ John Doe			
Name(s) _____ Jane Done			
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: _____	
Secondary/Seasonal: _____		Business: _____ Public: _____	
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 <i>MUST</i> 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)

DEADLINE - MAY 1, 2022 - No Applications will be accepted after this date

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: _____ Mobile Home: _____		
Own Home/Pad/Lot: _____ Rent Home/Pad/Lot: _____		
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: _____		
Size of lot in acres: _____		
Date of initial construction (approximate if unknown): _____		
Is any structure on property fifty (50) years or older?: Yes _____ No _____		
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: _____

- I/We have requested the County to include my property in an application for funding under the
1. 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

**Assignment of Coverage D
Increased Cost of Compliance Coverage
National Flood Insurance Program**

Date: _____

Name of Flood Insurance Policy Holder: _____

Flood Insurance Policy Number: _____

Name of Insurer: _____

Policy Term: _____

Address of Insured Structure: _____

Date of Loss: _____

Type of Mitigation Measure: _____

I, _____, do hereby assign the portion of my claim arising under Coverage D,
Name of Policyholder

Increased Cost of Compliance of the above-referenced Standard Flood Insurance Policy, codified at 44 C.F.R. Part 61, Appendix A, necessary to cover the cost of demolition, elevation, relocation, or floodproofing of the insured property to _____ is
Name of Community Name of Community

authorized to collect this amount from the above-referenced insurer to cover the cost of one of these activities as part of an approved mitigation project assisted by the Federal Emergency Management Agency. In the event that this amount is less than \$ 30,000, I retain my right to make additional claims for the remainder for other eligible measures under Coverage D.

This assignment is subject to all the conditions of the policy. The contract of insurance remains between the original parties to the same with respect to all other provisions of the policy.

In witness, I have executed this assignment at _____, on _____.

Signature

FOR USE BY COMMUNITY (HOMEOWNERS WITH FLOOD INSURANCE ONLY)

WEST VIRGINIA
Hazardous Materials Property Survey
Individual Property Survey Form

Owner's Name(s): _____

Property Address: _____

City: _____, WV Zipcode: _____

Jurisdiction (property): _____

Owner's Address: _____

City: _____, WV Zipcode: _____

Owner's Telephone Numbers:

Day: (____)-____-____ Evening (____)-____-____ Other (____)-____-____

I/We, as owner(s) of the above referenced property, represent and certify that I/we have, to the best of my/our ability, used due diligence to determine that the description of the property herein is accurate with respect to the presence or absence of contamination from toxic or hazardous substances. The term "property" refers to the physical piece of legally recorded land that is to be acquired, or improved.

Please thoroughly answer the following questions. Use additional sheets of paper as necessary.

1. Is or was the property used for governmental, commercial, light industrial or industrial activities? If yes, identify specific type and nature of activities. Yes No

2. Are any above ground storage tanks (ASTs), underground storage tanks (USTs), or leaking underground storage tanks present on the property? If yes, identify the type, capacity, and condition of each tank. Yes No

West Virginia Hazardous Materials Property Survey

3. At any time, has any generation, treatment, storage, disposal, release, or spill of Petroleum products, solid or hazardous substances and/or waste (to include Pesticides, herbicides, rodenticides) occurred on what is now your property, other than normal quantities of household substances? If yes, identify each type of activity, substance, and quantity.

4. At any time, has a transportation facility (to include parking lots, railroad yards, or railroad or roadway right-of-way) been present on what is now your property? If yes, identify each type of facility or activity.

5. Have you noticed any unusual odor or discoloration in your drinking water? Yes No

6. At any time, has any environmental investigations been conducted by federal, state, or local agencies or private firms; or any environmental or Occupational Safety and Health Administration (OSHA) citations or notices of violation been issued regarding what is now your property? If yes, identify the type of investigation or violation, and the preparer or origin of investigation or violation.

7. Are there any drinking wells or sewage septic tanks/systems on your property? If yes, provide details on type and size. Yes No

8. Do any of the structures on your property contain asbestos or lead containing materials? If yes, provide details. Yes No

9. Year of original construction of each structure on your property.

1. _____ 2. _____ 3. _____ 4. _____

10. Year(s) of any remodeling of each structure on your property.

1. _____ 2. _____ 3. _____ 4. _____

West Virginia Hazardous Materials Property Survey

AFFIDAVIT

The property owner(s) acknowledge that this certification regarding hazardous substances and/or waste is a material representation of fact on which the Hazard Mitigation Grant Program Sub-Grantee and other government entities rely on to execute the purchase of property. The property owner(s) certify that the information contained herein is a full disclosure of all available information to the best of owner's(s') knowledge, and the owner(s) has/have exercised due diligence in obtaining all relevant information.

Property Owner(s)

Signature

Date

Signature

Date

Signature

Date

Preparer (if any)

Signature

Date

Printed Name

Title

**Model Acknowledgement of Conditions
For Mitigation of Property in a Special Flood Hazard Area
With FEMA 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 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; 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/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 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: _____
[Name, Title]

of the City/County of _____

&

[Name of Property Owner]

WITNESSED BY:

[Name of Witness]

[SEAL]

Notary Public