

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires August 31, 2013

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.
- Print full name and age of minor child: 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 Custom 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 (<i>print</i>)	SIGNATURE	DATE OF BIRTH	DATE SIGNED
INSPECTOR ID NO.	FEMA APPLICATION NO.	DISASTER NO.	
ADDRESS OF DAMAGED PROPERTY	CITY	STATE	ZIP CODE

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

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 control purposes.

ROUTINE USE(S): 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 - 008 Disaster Recovery Assistance Files System of Records (September 24, 2009, 74 FR 48763) 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 the individual from receiving disaster assistance.

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. 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, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0002) **NOTE: Do not send your completed form to this address.**

Voluntary Participation Agreement
FEMA Hazard Mitigation Grant Program (HMGP)

ACQUISITION ELEVATION RELOCATION

(Separate forms needed for each property owned, including Vacant Lots if on separate deed)

Property Owner: _____ Social Security #: _____

(Co-Owner's Full Name): _____ Social Security #: _____

Phone #: () _____ Work #: () _____ Cell #: () _____

Property Address: _____
(To be acquired) _____

Mailing Address: (If different)

E-Mail : _____

PROPERTY INFORMATION- At time of Flood Body of water causing Flooding: _____

Do you currently have Flood Insurance? Yes No Insurance Company: _____

Flood Insurance Policy #: _____

Have you filed claims in last 10 years? Y N ICC? Y N Is home substantially damaged? Y N

Property: At time of flood (Circle) **Type Home:** **Foundation Type:** **Type Structure:**

Owner Occupied-Primary	Single Family	Basement Y N	Outside Entrance Y N	Wood
Owner Occupied- Secondary	2-4 Family	Finished Y N	Partial Y N	Masonry (Brick)
Rental	Multi (5+)	Crawl Space Y N		Stone
Vacant Lot	Manufactured	Elevated on piers/columns/posts/piles		Cement
Other (Explain)	Vacant Land	Slab on Grade		Other _____
_____	Other (Explain)	Vacant Land		
		Other (Explain) _____		

If Rented now, Please provide name, address, and phone number of renter (use extra pages as needed)

TAX Parcel #: _____

Date of Construction : _____

Total Living Area in Sq Ft. (All floors) _____

Number of Stories above ground: _____

Estimate the Fair Market Value of your home: \$ _____

Flood and Damage History-use extra pages as needed:

Date: _____ Damage \$'s: _____ Date: _____ Damage \$'s _____
Date: _____ Damage \$'s _____ Date: _____ Damage \$'s _____

I understand that the sale of this property under the Hazard Mitigation Grant Program's Acquisition/Elevation Component is voluntary in nature, and that I am under NO obligation to participate, and that I may drop out of the program at any time.

I currently plan to participate in the voluntary property acquisition program.

Print Name(s) of Property Owner(s) _____

Signature: _____ Date: _____

Co-Owner's Signature (if applicable) _____

**HAZARDOUS MATERIALS--PROPERTY SURVEY
INDIVIDUAL PROPERTY SURVEY FORM**

NAME OF OWNER(S): 1. _____ Phone: (____) _____
2. _____ Phone: (____) _____
3. _____ Phone: (____) _____

PROPERTY ADDRESS:

OWNER(S) ADDRESS: (If Different)

City: _____
State: _____ ZIP: _____

City: _____
State: _____ ZIP: _____

How long have you lived at this address: _____

I (We), _____
_____ as owner(s) of the above referenced property that lies within the jurisdiction of _____
_____, in the State of _____ represent and certify that I (we)
have used due diligence to determine, to the best of my (our) knowledge, that the description of the property described
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.

1. Is this property currently or was previously used for governmental, commercial, light industrial, or industrial activities? YES NO Unknown

If yes, list specific type and nature.

2. Are there any Aboveground Storage Tanks (AST), Underground Storage Tanks (IJST), or Leaking Underground Storage Tanks (LUST) present on the property? YES NO Unknown

If yes, list type of each tank, capacity and condition.

3. Has there ever been, past or present, any generation, treatment, storage, disposal, release, or spill of petroleum products, solid or hazardous substances and/or wastes (this includes pesticides, herbicides, or rodenticides), other than normal quantities of household substances? YES NO Unknown

If yes, list type of activity, substance, and quantity involved.

4. Is there presently or has there been in the past a transportation facility on what is now your property? This includes includes parking lots, railroad yards, railroad or roadway right-of- way. YES NO Unknown

If yes, list type of facility or activity.

5. Have you noticed any unusual odors or discoloration in your drinking water or anywhere on your property? YES NO

If yes, describe the location, color, and odor of the water.

HAZARDOUS MATERIALS PROPERTY SURVEY - PAGE 2

6. For your property, is there presently or has there been in the past any:

- | | | |
|-----------------------------------------------------------------------------------------------------------|-----|----|
| Environmental investigations conducted by federal, state, local government agencies, or private firms; or | YES | NO |
| Environmental or Occupational Safety and Health Administration (OSHA) citations or notices of violation? | YES | NO |

If yes, list the type of investigation or violation and the preparer or origin of the investigation or violation.

7. Are there any drinking water wells or sewage septic tanks/systems on your property? YES NO

Do any of the structures contain asbestos or lead? YES NO

If either is yes, please explain:

8. If there any issues that are not covered by the previous questions, please attach an extra sheet describing these issues.

The property owner(s) acknowledge that this certification regarding hazardous substances and/or waste is a material representation of fact upon which the Hazard Mitigation Grant Program applicant (local government) and other government entities rely upon to execute the property purchase. The property owner(s) certify that the information contained within this HAZARDOUS MATERIAL—PROPERTY SURVEY FORM is a full disclosure of all available information to the best of their knowledge and that the owner(s) has exercised due diligence in obtaining all relevant information.

Preparer
Signature: _____ Date: _____

Typed or
printed name: _____

Owner(s)
Signature: _____ Date: _____

Typed or
printed name: _____

Signature: _____ Date: _____

Typed or
printed name: _____

Signature: _____ Date: _____

Typed or
printed name: _____

MITIGATION TARGETING WORKSHEET

Project: Municipality contact name and title Tamara Twardowski, Borough Date _____

Property Owner's Name: _____

Address (no PO Boxes) _____

Municipality: Collegeville County: Montgomery St.: PA Zip: 19426

County # _____ District # _____ Tax Map # _____ Parcel ID # _____ Pin # _____

Main House (incl 2nd floor) Ft² _____ Bsmt. Ft² _____ Gar. Ft² _____ Porches Ft² _____

Decks Ft² _____ Structure/Type & Material _____

Date Built: _____ FIRM Date: _____ Deed Book # _____ Page # _____

Foundation: _____ Basement: _____

Latitude: _____ Longitude: _____ Datum Used: _____

Photo File Name or File ID number: _____

Front: _____ Left: _____ Back: _____ Right: _____ High Water Mark: _____

Flood Ins. Policy no. _____

Repetitive Loss no if any _____

Prior Flood Damage and CRS score if any _____

HISTORICAL and ENVIRONMENTAL CONSIDERATIONS

Age: _____ Historical Significance: _____

Environmental concerns: _____

If yes, please include photo(s) and describe: _____

FIRM INFORMATION

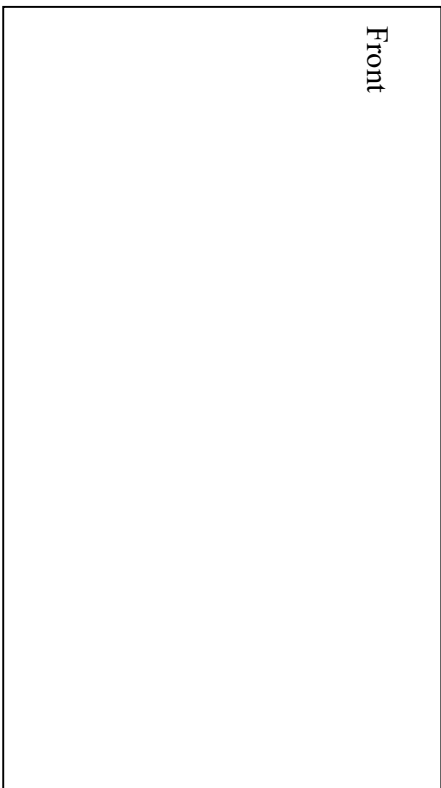
Community Name _____	FIRM Panel Date; _____
FIRM CID# _____	FIRM Panel# _____
FIRM ZONE _____	Flooding Source _____
Flood Discharge Data	Flood Elevation Data
10 Year _____	10 Year _____
50 Year _____	50 Year _____
100 Year _____	100 Year _____
500 Year _____	500 Year _____

ELEVATION INFORMATION

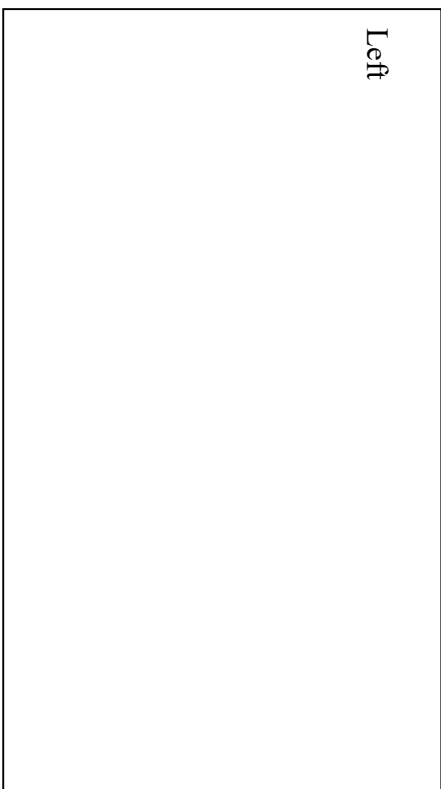
Prepared By: _____	Building Diagram # _____
Elevation Datum: _____	Lowest Adjacent Grade: _____
Elevation Lowest Floor: _____	Elevation First Floor : ; _____
High Water: _____	Elevations Determined by: _____
Benchmark ID # _____	Finished Basement Water Entry: _____

NOTES: _____

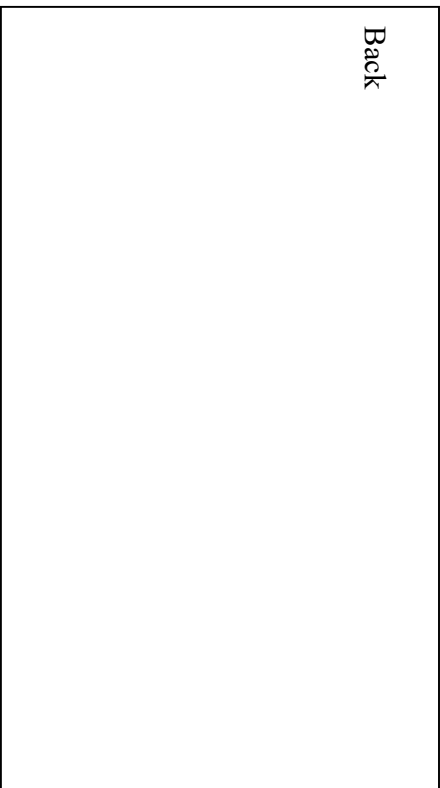
Front



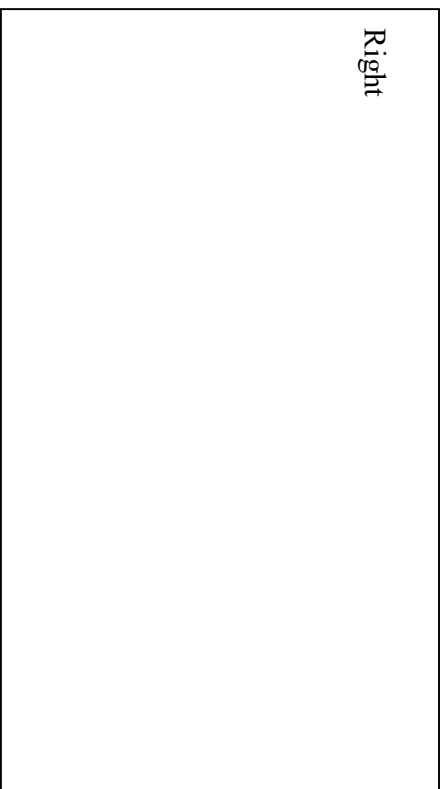
Left



Back



Right



Property Owner:

Address:

Municipality:

County:

County #:

District #:

Tax Map #:

Parcel #:

Latitude:

Longitude:

