



City of Orange, Texas

Hurricane Harvey DR-4332

Individual Mitigation Grant Projects

The City of Orange intends to pursue federal assistance through FEMA Mitigation Assistance Programs following Hurricane Harvey. If you are interested in mitigation options for your property, please complete the following information. Changes in contact information should be reported to MPTX by calling (409) 379-2790 or email to infotech@mptx-inc.com or addressed to PO Box 2510 Beaumont, TX 77704.

Owner Information:

Name(s): _____

Mailing Address: _____

Property Address: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

GPS Coordinates of Structure/Property: (In Decimal Degrees to 6 Decimal Places)

Please go to [Google Maps](https://www.google.com/maps), locate your house, then click on rooftop to display latitude and longitude. NOTE: Satellite view in Google maps can be enabled by clicking on the satellite box located in the lower left corner of the Google Maps screen.

Latitude: _____ Longitude: _____

Property Information: (Subdivision, Abstract, Block, Lot #, Etc.):

Can be found on the local jurisdiction Appraisal District website

Property ID Number: _____

Subdivision/Neighborhood: _____

Legal Description: _____

Registration Numbers: Please provide numbers for any assistance received

FEMA: _____

NFIP Policy: _____

SBA: _____

Property Location: Driving Directions to Property

Mitigation Project Types: Select one or more of the project types you are interested in

Elevation

Acquisition/Buyout

Other:

Flood Depth Inside House: Please check one (approximate)

0 to 1'

1' to 3'

3' to 5'

5' or more

Number of Times Your Home has Flooded: Please check one

0 Times

1 Time

2 Times

3 Times

4 Times

5 or more Times

Number of Flood Insurance Claims: Please check one (if applicable)

0

1

2

3

4

5 or more

Structure Design: (Check One)	
Living Area	
Approx. Lot Size	
Year Built	

Type of Home: (Check One)	
One Story	
Two Story	
Duplex	
Manufactured Home	
Other	
- Specify Other	

Foundation: (Check One)	
Concrete Slab on Grade	
Elevated Block	
Elevated Wood Pier	
Other	
- Specify Other	

Exterior/Wall: (Check One)	
Block	
Brick	
Wood	
Vinyl Siding	
Other	
- Specify Other	

Voluntary Participation Agreement - Sign Up Sheet

Complete this form if you are interested in reducing flood losses through a federally sanctioned voluntary property acquisition (buyout), or elevation/mitigation reconstruction project.

Notes:

1. This project is strictly voluntary, and neither property owner nor local government is required to participate.
2. The local government cannot assure that grant funding will be approved, nor has any guarantee how long the process will take.
3. Property owner is aware the local government will not use its eminent domain authority through this project to acquire the property for open-space if property owner chooses not to participate, or if negotiations fail.
4. Property owner is aware they are not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
5. In order to be eligible for this project, or to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States.

Property Owner Name(s) and Contact Information

Owner Name (Print or Type)

Phone

Mailing Address

Email

Property Address:

Street Address

City, State, Zip Code

Property Owner Signature(s):

Signed

Date

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires February 28, 2021

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