

(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: _____ Mailing Address: (If different) _____
 (To be acquired) _____

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)
 (Check box)

- Owner Occupied – Primary
- Owner Occupied – Secondary
- Rental
- Vacant Lot
- Other (Explain) _____

Type Home:

- Single Family
- 2-4 Family
- Multi (5+)
- Manufactured
- Vacant Land
- Other (Explain) _____

Foundation Type:

- Basement Y N
- Outside Entrance Y N
- Finished Y N
- Partial Y N
- Crawl Space Y N
- Elevated on piers/columns/posts/piles _____
- Slab on Grade
- Vacant Land
- Other (Explain) _____

Type Structure:

- Wood
- Masonry (Brick)
- Stone
- Cement
- Other _____

If Rented now, please provide name, address, and phone number of renters including those in occupancy at the time of the flood event who were displaced (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: _____

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I understand that the sale of this property under the CDBG-DR Buyout Program 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) _____