



Livingston Parish Grant Department

Document checklist for:

Street Address

City, State & Zip

All documents listed must be completed, signed & returned to be eligible.

1. Voluntary Participation Agreement.
2. Homeowner Affidavit (DOB)-Duplication of Benefits. Does not have to be notarized at this time.
3. Acknowledgment of Conditions For Mitigation of Property in a Special Flood Hazard Area with FEMA Grant Funds. Does not have to be notarized at this time.
4. Current flood insurance declarations page. Please note: A current NFIP policy is required to apply for Flood Mitigation Assistance (FMA) funding.
5. If applicable – Proof of your highest flood of record.
6. If applicable – Physician’s Verification of Permanent Disability or Mobility Impairment.
7. If applicable - Your property’s current termite treatment contract.

Return your packet in person to:

Livingston Parish Grant Department
20355 Government Blvd., Ste E (2nd Floor)
Livingston, LA 70754

Mail your packet to:

Livingston Parish Grant Department
P.O. Box 427
Livingston, LA 70754

You can also e-mail your completed forms to lpgrants@lpgov.com

If you have any questions, contact the Grant Dept. at 225-686-3018 or lpgrants@lpgov.com. We ask that you call to set up an appointment to return your packet in person. We are often out of the office for meetings or site inspections.

Instructions for Completing the Livingston Parish Voluntary Participation Agreement (VPA)

- Please check one of the options at the top of the form: Acquisition or Elevation. **DO NOT CHECK BOTH.**
- Please understand "?" or "N/A" are **not** acceptable answers. **All** blanks must be completed.
- If you do not receive mail at the property address, please be sure to provide your correct mailing address.
- Under the section “**PROPERTY INFORMATION:**” This section is only for flood insurance. **DO NOT** use information from Homeowner’s Insurance, Renter’s Insurance, etc.
- Highest Flood of Record: This pertains to how much water your structure received during a flood. Please provide proof in the form of photos, insurance adjuster statements, claims info, etc.
- Tax Parcel #: This is the number associated with your property tax. If you do not have this information available, please contact the Livingston Parish Assessor’s Office at (225) 686-7278 or access the mapping system at www.livingstonassessor.com.
- Year of Construction: This is the year the home was constructed.
- Number of Stories above ground: Number of stories of the home.
- Total Living Area in Sq. Ft.: This is the square footage located **under roof**.
- Estimate the Fair Market Value of your home: Do not be intimidated, you will not be liable for your answer. This is just an estimate.
- The first line in the signature box reads: “I understand that the sale of this property under the Hazard Mitigation Grant Program’s Acquisition/Elevation...” This is just a statement explaining the program is voluntary in nature. This does not mean you are signing the form giving permission to sell your home. The form must be signed by the Property Owner and Co-Owner; otherwise it will not be accepted.
- Attachments: If you have any of the following available, please include them with your form:
 - Elevation Certificate
 - Declarations Page (Proof of Flood Insurance)
 - Proof of Loss for previous floods (If applicable)
 - Appraisal (If you selected "Acquisition")
- Original Form must be mailed to: P.O. Box 427 Livingston, LA 70754 ATTN: Grants Department.
- If you have any questions, you may contact the Grant Department at (225) 686-3018 or LPGrants@lpgov.com.

Voluntary Participation Agreement

ACQUISITION

ELEVATION

(Please only check ONE box above.)

Property Owner: _____ (Co-Owner's Full Name): _____

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

Property Address: _____

Mailing Address: (If different)

E-Mail(s) : _____

Emergency Contact: _____ Contact #: () _____

PROPERTY INFORMATION- Body of water causing Flooding: _____

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

Flood Insurance Policy #: _____ Has the structure flooded before? Yes No

Have you filed claims in last 10 years? Yes No Is home substantially damaged? Yes No

Highest Flood of Record (inside structure): _____ ft _____ in Proof of inundation included? Yes No

Property: _____ (Circle)	Type Home:	Foundation Type:	Type Structure:
Owner Occupied-Primary	Single Family	Basement Y N	Wood
Owner Occupied- Secondary	2-4 Family	Finished 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 #: _____ Year of Construction : _____ Number of Stories above ground: _____

Total Living Area in Sq Ft. (All floors) _____ Estimate the Fair Market Value of your home: \$ _____

****If you have a recent elevation certificate (July 2015 – Present), please attach a copy with this form.****

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/elevation program.

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

Signature: _____ **Date:** _____

Co-Owner's Signature (if applicable) _____

Instructions for Completing the Homeowner Affidavit (DOB)

Appendix B

- According to the Federal Emergency Management Agency (FEMA) participation in Federally-funded programs require Homeowners to account for any Duplication of Benefits.
- This form is required in order to participate in the program or be submitted in an application.
- For application purposes only, **this form does not need to be notarized.**
- **Only** complete the following items:
 - First Line: Print Name
 - 1. Address of property to be acquired or elevated (depending on your selection)
 - 2. The most recent flooding event you suffered (you must have flooded in the home, not just on the property). Print the date of that event, as well as list any monies received from the list provided. If you received any monies from an agency not listed, please place under “other” or draw a line through an existing agency and insert the agency name next to it.
 - 4. Put the same dollar amount list for the total amount received under #2.
 - 5. Sign above the line “Property Owner Signature” and date
- **You are not required to provide receipts at this time.**
- Official notarized forms will not be completed until approval of each individual project at which time you will be notified.
- Original Form must be mailed to: P.O. Box 427 Livingston, LA 70754 ATTN: Grants Department.
- If you have any questions, you may contact the Grant Department at (225) 686-3018 or LPGrants@lpgov.com.

HOMEOWNER AFFIDAVIT (DOB)

APPENDIX B

I/We, _____, affirm the following:

1. I/We own real property at _____, and make this Affidavit in connection with the purchase, elevation, or pilot reconstruction (circle one) of that real property under the Federal Emergency Management Agency's (FEMA's) Hazard Mitigation Grant Program (HMGP).
2. I/We have received the following structural repair assistance funds as the result of damages that occurred on _____.

Flood Insurance	\$ _____
Disaster Housing Program Grant	\$ _____
State Individual & Family Grant (IFG)	\$ _____
Hazard Minimization Grant	\$ _____
Small Business Administration (SBA) Loan	\$ _____
Increased Cost of Compliance (ICC)	\$ _____
Homeowner Insurance	\$ _____
Temporary Housing Assistance (minimal repairs)	\$ _____
Farmer's Home Administration (FHA)	\$ _____
Volunteer Agencies	\$ _____
Cora Brown Fund	\$ _____
Road Home Program	\$ _____
Other	\$ _____
Total amount of Assistance Received	\$ _____

3. I/We have received no other Federal assistance funds for structural repair other than that set forth above.
4. I/We can produce receipts for structural repair in the total amount of \$_____. Attach receipts.
5. I/We understand that in accordance with 44 CFR 13.51, the closeout of a project does not affect FEMA's right to disallow costs and recover funds on the basis of a later audit or review.

Property Owner Signature

Date

Property Owner Signature

Date

Notary Public

Seal

Signature

Date

My commission expires _____.

Instructions for Completing the Livingston Parish Special Flood Hazard Area Form (SFHA)

- According to the Federal Emergency Management Agency (FEMA) **participation in Federally-funded programs require Homeowners to maintain NFIP flood insurance** as well as maintain all structures above the flood plain management criteria.
- In order to participate in the program or be submitted in an application that Homeowners must sign the Special Flood Hazard Area (SFHA) agreeing to its terms and conditions.
- For application purposes only, this form **does not** need to be notarized.
- Please **only** complete the following items:
 - Property Owner: Name of property owner on cash sale/deed.
 - Street Address/City/State/Zip: Of property being elevated.
 - **SECOND PAGE: Sign above the line "Name of Property Owner"**
This must be the signature of the Property Owner listed on the first page.
- The remaining information will be completed by the Livingston Parish Grants Office.
- Please **do not** have this form notarized. Official notarized forms will not be completed until approval of each individual project at which time you will be notified.
- Original Form must be mailed to: P.O. Box 427 Livingston, LA 70754 ATTN: Grants Department.
- If you have any questions, you may contact the Grant Department at (225) 686-3018 or LPGrants@lp.gov.com.

**Acknowledgement of Conditions
For Mitigation of Property in a Special Flood Hazard Area
with FEMA Grant Funds**

N/A

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/Parish 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/Parish 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/Parish will legally record with the parish 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/Parish 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/PARISH OF _____

A _____ municipal corporation

By: _____
[Name, Title]

Of the City/Parish of _____ and

[Name of Property Owner]

WITNESSED BY:

[Name of Witness]

[SEAL]

Notary Public

Physician's Verification of Permanent Disability or Mobility Impairment

Applicant: _____ Date of Birth: _____

Street Address: _____ City, State, Zip: _____

This form is to serve as verification of existing mobility impairment for the above named Applicant and/or family member who is a permanent resident of the structure and to certify the necessity of reasonable accommodation or ADA access to the structure post-elevation. If the impaired individual is someone other than the Applicant, please indicate so below.

PHYSICIAN CERTIFICATION: Does the Applicant/family member have a permanent disability-related need for ADA accommodation to access his/her residence once elevated from ground level?

YES

NO

COMMENTS:

DISABLED INDIVIDUAL (if other than Applicant):

I certify that the information provided above represents my professional judgement and is true and correct to the best of my knowledge.

Signature

Date

Print Name:

State License #

Street Address:

City, State, Zip:

Phone Number:



Livingston Parish Grant Department

Cost-Share Funds Form

Property Address: _____

Property Owner(s): _____

I/We understand any required cost-share must be paid before any FEMA funds are released for the elevation project, and I/we are prepared to pay these funds for up to 25% of the project cost. I/We understand the cost-share will be paid in the form of certified funds to the Livingston Parish Council.

Homeowner Signature

Printed Homeowner Name

Date

Homeowner Signature

Printed Homeowner Name

Date

DOES NOT NEED TO BE SIGNED AT THIS TIME