

***Notice of Voluntary Interest***

**Orange County Home Elevation or Property Acquisition Application  
Homeowner Interest Sign-up Sheet and Voluntary Interest Notice**

Please complete this form if you are interested in exploring further options for reducing your flood losses. Signing this does not commit you to any action.

Property Address:

Owner(s) Mailing Address:

Owner(s) Name(s):

Contact Telephone Number and email:

Tenant Occupied -- Owner Occupied (Please circle One)

Desired Mitigation Action: Acquisition – Elevation – Either (Please Circle One)

**The local government is required by FEMA to inform you that your participation in this project is voluntary.**

**We are currently trying to obtain a funding source for the 25% local match, but this funding source is not guaranteed. If there is not a funding source available, the local match will be provided by the homeowner.**

**I HEREBY ACKNOWLEDGE:**

- 1. THIS HAZARD MITIGATION GRANT PROGRAM HAS A NON-FEDERAL COST SHARE OF 25% OF THE TOTAL GRANT AWARD.**
- 2. IF THIS GRANT IS AWARDED, I COMMIT TO PROVIDING THE REQUIRED 25% LOCAL COST SHARE.**

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**DECLARATION AND RELEASE**

**O.M.B. No. 1660-0002**  
**Expires 1/31/2018**

**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:** 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 within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

**ROUTINE USE(S):** The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), 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.

**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