



St. Tammany Parish Government

DEPARTMENT OF GRANTS

P. O. Box 628

Covington, LA 70434

Phone: (985) 898-3078

Pat Brister
Parish President

VOLUNTARY PARTICIPATION AGREEMENT

Separate forms needed for each property owned, including vacant land if on separate deed

(ANSWER EACH SECTION)

Owner Information:

Property Owner: _____

Spouse/Co-Owner's full name: _____

(Attach copies of Driver's License or State Issued Photo Identification of Owner and Co-Owner)

Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

Property address: _____

Mailing address (if different): _____

Email: _____

The grant funding available at this time is for Elevation of residential properties.

History of Hazards/Damages Current and Past:

Do you currently have a flood insurance policy? Yes _____ No _____

Insurance Company: _____ Flood Insurance Policy # _____

(Attach copy of flood insurance policy declarations page)

Have you filed flood insurance claims in the past 10 years? Yes _____ No _____

Flood and damage history – list any storms, rainfall events, etc. (use extra pages as needed)

Date: _____ Depth of water: _____ Duration of water in structure: _____ Damages: \$ _____

Date: _____ Depth of water: _____ Duration of water in structure: _____ Damages: \$ _____

Date: _____ Depth of water: _____ Duration of water in structure: _____ Damages: \$ _____

Date: _____ Depth of water: _____ Duration of water in structure: _____ Damages: \$ _____

Date: _____ Depth of water: _____ Duration of water in structure: _____ Damages: \$ _____

Date: _____ Depth of water: _____ Duration of water in structure: _____ Damages: \$ _____

Date: _____ Depth of water: _____ Duration of water in structure: _____ Damages: \$ _____

Is your home substantially damaged (more than 51%)? Yes _____ No _____

Have you filed for ICC with your insurance in the past 10 years? Yes _____ No _____

Continued on 2nd page →

Property Information:

Type of property (mark one):

- Owner occupied – Primary Rental property
 Owner occupied – Secondary Other (Explain) _____

Type of Home (mark one):

- Single family 2-4 family
 Multi-family (5+) Other (Explain) _____

Type of Structure (mark one):

- Wood Masonry (brick)
 Mobile/manufactured home Modular home
 Other (Explain) _____

Type of Foundation (mark one):

- Slab on grade Elevated on piers/columns/posts/piles
 Crawl space Other (Explain) _____

Number of Stories Above Ground (mark one):

- One story Two story

Date of Construction: _____

Total **Living** Area in Square Feet (all floors): _____ (If available, attach copy of appraisal or footprint)

Total Area in Square Feet (including carport, garage, porch, patio, etc.) _____

If available, attach copy of most current Elevation Certificate.

Tax Parcel #: _____

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

CERTIFICATION

I understand that the participation of this property under the Flood Mitigation Assistance Program's 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 understand that this voluntary program will pay for up to 100 percent (100%) of all eligible costs associated with elevating a severe repetitive loss property, or 90 percent (90%) of all eligible costs associated with elevating a repetitive loss property, and that I, the homeowner, will be responsible for any remaining percent of all eligible costs with elevating this structure, as well as 100 percent (100%) of all ineligible costs associated with elevating this structure.

I currently plan to participate in the voluntary Flood Mitigation Assistance Program.

Property Owner(s):

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____