

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires August 31, 2013

DECLARATON 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.
- Print full name and age of minor child: 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 Custom 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 NO. N/A	FEMA APPLICATION NO. N/A	DISASTER NO. N/A	
ADDRESS OF DAMAGED PROPERTY	CITY Conway	STATE SC	ZIP CODE

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 internally within FEMA for quality control purposes.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 008 Disaster Recovery Assistance Files System of Records (September 24, 2009, 74 FR 48763) 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.

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. 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, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0002) **NOTE: Do not send your completed form to this address.**



Statement of Voluntary Participation

THIS STATEMENT made this _____ day of _____, 2018 by
_____ hereinafter referred to as "property owner,"
acknowledging the following:

1. Property owner affirms that he/she/they is/are the owner/owners of property located at _____, hereinafter referred to as "property."
2. The City of Conway ("City") has notified property owner that the City may wish to purchase property, and, if property owner agrees to sell, property owner must permanently relocate from property.
3. The City has notified property owner that property owner is not required to sell property and the City will not use its power of eminent domain for the purpose of this acquisition project to acquire property if property owner chooses not to sell it.
4. The City has notified property owner that if property owner agrees to sell property to City, such a transaction is voluntary. Consequently, property owner is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
5. The City affirms that it has provided the notifications and explained the information described in the preceding paragraphs, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.

Property Owner Signature

Date

Property Owner Signature

Date

City Authorized Agent Signature

Date



Privacy Act Statement

I/We, the undersigned, hereby grant my/our permission for the Federal Emergency Management Agency (FEMA) and the State of South Carolina, to publish through public notice the information listed below pertaining to my real property which is being considered for post-disaster action by

City of Conway
Community

Property Address

This information will be used to notify the public that FEMA and the State of South Carolina is considering some mitigation action regarding the above property.

Further, I/we hereby grant FEMA and the State of South Carolina permission to disclose flood insurance coverage and claim information to officials of the City of Conway for the purpose of aiding in their planning and decision-making regarding any further mitigation or assistance actions affecting my property under the Stafford Act, Section 404, as amended and the National Flood Insurance Program (NFIP).

Owner's Name

Signature

Owner's Current Mailing Address:	
Owner's Current Phone(s):	
Owner's Current Email Address:	



Property Appraisal Permission and Release

I/We, the undersigned, hereby grant my/our permission for the local jurisdiction, through the Federal Emergency Management Agency (FEMA) and the State of South Carolina, to authorize the appraisal of the real property described below to determine the pre-disaster fair market value. Determination of the degree of damage and eligibility for various forms of assistance will be based on the determined value.

City of Conway
Community

Property Address

This information will be used by FEMA and the State of South Carolina in considering forms of assistance under Section 404 (PL 93-288 as amended by PL 100-707) the Stafford Act).

Further, I/we hereby grant FEMA and the State of South Carolina permission to identify and disclose any Federal or State administered disaster assistance and grants which may impact on the value and potential compensation for my/our property to the City of Conway for the purpose of aiding in their planning and decision-making regarding project applications and administration of measures covered under the Stafford Act, Section 404, as amended.

Owner's Name

Signature

Owner's Current Mailing Address:	
Owner's Current Phone(s):	
Owner's Current Email Address:	