

Emergency Management

1769 E. Moody Blvd Bldg 3
Bunnell, FL 32110



www.flagleremergency.com

Phone: (386) 313-4200

Fax: (386) 313-4299

RESIDENTIAL CONSTRUCTION MITIGATION PROGRAM (RCMP)

Enclosed are the brochure and application materials for the Residential Construction Mitigation Program. Please review the criteria listed in the brochure before beginning the application. If you have any questions, please contact me at the phone number or email provided below.

The application materials include a document checklist, the Application itself, and an affidavit of no taxes filed. The affidavit is only needed if you would like to be considered for income preference and do not file income taxes. Please note that the application (and the affidavit, if applicable) must be notarized, and as such, should not be signed until in the presence of a notary. Please contact me if you need help finding a notary.

Completed application materials may be mailed or hand delivered to:

ATTN: Heather Wilson
Flagler County Emergency Management
1769 E. Moody Blvd. Bldg 3
Bunnell, FL 32110

A map is also included for your convenience. Applications are accepted on a rolling basis, and are first-come, first-served.

Sincerely,

Heather Wilson, MPH, CPH
Mitigation Planner
RCMP Program Manager
Flagler County Emergency Management
(386) 313-4265 Phone
(386) 313-4241 Fax
hwilson@flaglercounty.org



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Residential Construction Mitigation Program

Applicant Document Checklist

- Completed Application Form
- Copy of Social Security card(s) or proof of Permanent Resident Alien status for all household members
- Copy of Driver's License or State-Issued Identification Card for each adult household member
- Copy of Birth Certificate for each child in the household
- Proof of ownership of property (copy of deed)
- Copy of homestead exemption
- Copy of current homeowner's insurance policy
- Copy of mortgage document *and* Statement showing mortgage is current
- Copy of current property tax receipt/statement showing property taxes are paid/not delinquent

Documents needed to be considered for income-based preference

- Copy of last year's tax return for each adult household member. *If no taxes have been filled due to low income, applicant must sign "Statement and Affidavit of No Taxes Filed".*
- Proof of other income documentation- *child support, social security, VA benefits, pension, etc.*

ADDITIONAL DOCUMENTATION MAY BE REQUIRED AFTER REVIEW OF APPLICATION PACKAGE



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APPLICATION FOR RESIDENTIAL CONSTRUCTION MITIGATION PROGRAM
(Please complete all sections)

GENERAL INFORMATION:		
Applicant Name:	Co-Applicant Name:	
Street Address:	City, State, Zip Code:	
Home Telephone:	Work Telephone:	Email:
Are you a US Citizen or Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long at this address: _____ years Do you have a homestead exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have Homeowner's Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Homeowner's Insurance Company:		

HOUSEHOLD OCCUPANTS:						
	Full Name:	Relationship to Applicant:	Date of Birth:	Age:	Gender:	Social Security Number:
1		Applicant	/ /			
2			/ /			
3			/ /			
4			/ /			
5			/ /			
6			/ /			
7			/ /			
8			/ /			

Applicant(s) Name: _____

RESIDENCE INFORMATION:	
Name of 1 st Mortgage Company:	Loan Number:
Mailing Address:	
Name of 2 nd Mortgage Company:	Loan Number:
Mailing Address:	

EMPLOYMENT INFORMATION:	
Applicant's Employer:	Co-Applicants Employer:
Name: _____	Name: _____
Phone: _____ How Long?: _____	Phone: _____ How Long?: _____
Address: _____	Address: _____
Supervisor: _____	Supervisor: _____

LAST TAX YEAR'S INCOME: <i>(Gross annual income, from all sources)</i>				
Source:	Applicant's:	Co-Applicant:	Other Household Member: (18 & Over)	Subtotal:
Employment (salary/wages):				\$
Interest/Dividends:				\$
Business Net Income:				\$
Rental Net Income:				\$
Social Security, Pensions:				\$
Unemployment, Workers Comp:				\$
Alimony, Child Support:				\$
Welfare Payments:				\$
V.A –Widow Pension:				\$
Other:				\$
TOTAL ANNUAL INCOME FROM ALL SOURCES: \$ _____				

Applicant(s) Name: _____

CERTIFICATIONS & WAIVER OF PRIVACY:

INITIAL:

_____ The applicant(s) certifies that the property is NOT the subject of a pending or threatened foreclosure, and no mortgage (or other encumbrance creating a lien against the property) is in default.

_____ The applicant(s) certifies that all information in this application, including supporting information and documents, is given for the purpose of applying for assistance under the Flagler County's Residential Construction Mitigation Program, and is true and complete to the best of the applicant(s)'s knowledge and belief.

_____ The applicant(s) further certifies that he/she is aware that any person who knowingly fails, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose a material fact used in determining his/her qualification to receive State or Federal assistance is guilty of a crime, will be punished in accordance with Florida Statute 409-325m subsection (5), and will be disqualified from the program.

_____ The applicant(s) understand that all information provided by the applicant is subject to Florida's public records laws.

_____ The applicant(s) certifies that he/she is aware that a 5-year vanishing lien shall be placed on the house, which shall be reduced on each anniversary date of the execution of the Note by an amount equal to twenty (20%) percent of the original principle as long as the applicant(s) hold equitable and legal title to the property and maintain personal residence on the premises.

_____ The applicant(s) certifies that he/she is aware that RCMP is a mitigation retrofit program, not a housing rehabilitation program, which requires the mitigation of the entire envelope of the house.

Applicant's Signature

Co-Applicant's Signature

Applicant's Name, printed

Co-Applicant's Name, printed

STATE OF FLORIDA,
COUNTY OF FLAGLER

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 2016, by _____ . He/she (*check one*) is personally known to me, or who has produced identification, (identification produced _____).

[Notary Seal]

Notary Public: _____
Printed Name: _____
My Commission Expires: _____
Commission Number: _____

STATE OF FLORIDA,
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[Notary Seal]

Notary Public: _____
Printed Name: _____
My Commission Expires: _____
Commission Number: _____

Applicant(s) Name: _____

STATEMENT AND AFFIDAVIT OF NO TAXES FILED

Bunnell, Flagler Beach, and Flagler County are recipients of Residential Construction Mitigation Program (RCMP) funding through the Florida Division of Emergency Management. In order to obtain income-based preference, it is necessary to verify the income history of any persons (including spouse and/or dependents) that have applied for the program.

Before me, the undersigned authority, personally appeared, _____, who being by me first duly sworn and cautioned, upon her oath deposed and said as follows:

1. I/we have **not** filed Federal Income taxes for the year(s) of _____.
2. I/we will be disqualified from the RCMP if I/we am/are being untruthful as it pertains to the filing of my/our Federal Income taxes for the above listed year/s. I/we agree and understand that if I/we am/are untruthful or make any fraudulent misrepresentations in the submittal of the RCMP application that I/we may be subject to forfeiture and return of all RCMP funds provided.
3. I/we swear and affirm that all information provided on this form, and all information furnished in support of the RCMP application, is true, accurate and complete to the best of my/our knowledge and belief.

Applicant's Signature

Co-Applicant's Signature

Applicant's Name, printed

Co-Applicant's Name, printed

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WARNING: Section 817.03, *Florida Statutes*, provides that a person who makes any false statements concerning income, assets, liabilities, or otherwise relating to financial condition with the fraudulent intent of obtaining money, credit, or other property shall be guilty of a misdemeanor of the first degree, punishable by fines and imprisonment under Sections 775.082 or 775.83, *Florida Statutes*.

LOCATION MAP

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1769 East Moody, Blvd. BLDG 3
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