### West Virginia CDBG-DR Demolition Intake Form

Today’s Date: / /

Case Number:

**Applicant (Property Owner) Information**

First Name: Middle Name: Last Name:

Current Address:

City: Zip: County:

Address of damaged property:

City: Zip: County:

Phone Number: (Cell Phone: Yes / No) Alt. Phone: (Cell: Yes / No)

Email Address:

Best way to contact you: \_

\_\_\_

\_Phone \_

Email \_ \_Mail

Alias Name (if applicable):

\_\_\_\_

\_\_\_

Date of Birth (mm/dd/yyyy): / / Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_

Gender \_

\_\_\_\_\_

Male \_

\_Female **\*\*Attach Copy of Photo ID**

**Residence Type / Tax Information / Ownership**

What type of residence is this property?

Single Family Home

Mobile Home

Commercial

Are all state, local and other taxes related to this property paid and up to date? Yes No

\_\_\_

\_\_\_

\_\_\_

\_\_\_\_

\_\_\_\_

Name on tax records:

If there are special circumstances regarding ownership (i.e., death of owner, property trust, etc.) or are there other legal considerations, please describe:

**Additional Property Information**

Do you have deed on the property? Do you have title to mobile home?

\_\_\_

\_\_\_

\_\_\_

\_\_\_

Yes Yes

No Name on deed: No Name on title:

Do you currently have a mortgage and/or equity line of credit on the damaged property? Are you currently in a rent to own agreement? Yes No

\_\_\_

\_\_\_

\_\_\_

\_\_\_

Yes No

Mortgage/Rent to Own holder Name: Contact #: Is there a Septic Tank on the property? Yes No (if unsure leave blank)

\_\_\_

\_\_\_

Is there a Well on the property? Yes No (if unsure leave blank) Does the property have a Basement? Yes No

\_\_\_

\_\_\_

\_\_\_

\_\_\_

**Insurance Information**

Did you have Homeowner insurance? Did you have National Flood Insurance? Amount Received

\_\_\_

\_\_\_

\_\_\_\_

Yes Yes

 No Amount Received No (**Attach Copy**)

Is your policy active? Yes No

\_\_\_

\_\_\_

\_\_\_

**FEMA / SBA / Private Insurance / Assistance Received**

Did you receive FEMA grant money? Residence in flood plain? Yes

\_\_\_

\_\_\_

\_\_\_

Yes

No

\_\_\_

\_\_\_

\_\_\_

No Amount Received Unknown

Event-related assistance from SBA?

\_\_\_

Yes

No Status: (paying, denied, did not use)

Other assistance received (i.e., insurance settlement, volunteer work, or other agency)

Did you receive any other types of assistance for repairs to your home or property (examples include but not limited to: Red Cross, Salvation Army, Community Foundation, Jewish Family Services etc.):

|  |  |
| --- | --- |
| Assistance Type | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Repairs Completed**

Have you made any repairs to the house/property since the June 2016 flood? Yes No

\_\_\_

\_\_\_

If yes, please list what repairs have been completed and the financial source of the repair:

|  |  |  |
| --- | --- | --- |
| Repair Activity | Cost | Financial Source |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Narrative**

 As the property owner, what are your long term future plans for the said property to be Demo’d?

I, state that this property is unoccupied, and was unoccupied at the time of applying. Hereby request that the structure(s) identified at the address above be voluntarily enrolled in the Clearance and Demolition Program, for the purpose of demolishing the structure(s) and removing the debris from the property above. I understand that I will not have a new home built on my property by this program and that I do not wish to have a new home built on my property by the RISE WV Program.

Applicant Name: Applicant Signature: Witness Name: Witness Signature:

Date: Date: Date: Date:

Case number:

Name:

Damaged Address: \_

The homeowner is responsible for notifying all the utility providers that the home will be demolished. Please indicate the name of service provider, account number (if known) and indicate if the service has been disconnected. If the service(s) have not been cancelled, disconnected, or removed from the property, please indicate. All utilities must be disconnected before demolition can occur.

\_ **Water** Has Been disconnected.

\_\_\_\_

Provider Name:

\_ N/A if you have a private well. Do you request the it to be capped Yes or No \_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_ **Electricity** has been disconnected

\_\_\_\_

Provider Name:

\_ **Sewer** has been disconnected. \_N/A if you have a septic tank

\_\_\_\_

\_\_\_\_

Provider Name:

\_ **Gas** has been disconnected. Check here if no gas service at property \_

\_\_\_\_

\_\_\_\_

Provider Name:

\_ is there a propane tank located on the property? Yes or No

\_\_\_\_

\_\_\_\_

\_\_\_\_

Provider Name:

\_ **Telephone** has been disconnected.

\_\_\_\_

Provider Name:

**Structures to be demolished and removed from the property.**

Structure 1 Description: Structure 2 Description: Structure 3 Description: Structure 4 Description: Notes: **What should not be removed from property? Detail description**

Structure 1 Description: Structure 2 Description: Notes: Homeowner Signature: Date:

If information was obtained via phone check here: \_ \_

\_\_\_\_

Case Manager Signature: Date:

|  |
| --- |
| **DIRECT BENEFIT DATA** |
| APPLICANT’S NAME: |  |
|  | YES/NO |  |
| PRIMARY RESIDENCEADDRESS: |  | COUNTY: |
|  |  |  |
| LOW INCOME 0-50% |  |  |
|  |  |  |
| MOD INCOME 51-80% |  |  |
|  |  |  |
| FEMALE HEADEDHOUSEHOLD |  |  |
|  |  |  |
| OWNER |  |  |
|  |  |  |
| RENTER |  |  |
|  |  |  |
| HISPANIC/LATINO |  |  |
|  |  |  |
| RACE: **American Indian or Alaska Native, Asian Black or African American, Native Hawaiian or Other Pacific Islander, or White** |  |
| Case Manager: |  |

For further information, please contact CDBG-DR Program Manager, Michelle Tharp Penaloza, at Michelle.D.Tharp@wv.gov or (304) 558-2234.

LETTER OF AGREEMENT FOR THE USE OF PII

## Date: (Month, Date, and Year) Case ID:

County:

Applicant Name:

I agree to allow the State of West Virginia, WVARNG, HUD, FEMA, County representatives and other organizations as deems necessary to use my personal information requested by the said parties and willingly given by me to be used in the Clearance & Demolition.

Signature:

Witness: Name: Signature:

### RIGHT OF ENTRY AND HOLD HARMLESS AGREEMENT-WV RISE CLEARANCE AND DEMOLITION

Ownership Interest and Grant of Right of Entry for Clearance & Demolition.

The undersigned hereby certifies they/he/she area/is the owner(s) with authority to grant access to the property or authorized agent of such person, at (address)

(“Property”) and does hereby authorize the County of , the State of West Virginia, and the United States of America, WV ARNG, their agents, successors and assigns, contractors and subcontractors (collectively, the “Clearance and Demolition”) to have the right of access and to enter the property for purposes of performing demolition of structures determined unsafe.

* The undersigned certifies that no mortgage exists on said property.
* The undersigned certifies that no other liens or encumbrances exist on said property. Government Not Obligated; No Expense Except For Insurance Proceeds

It is fully understood that this Right-Of-Entry does not create an obligation of the Clearance and Demolition Applicants to perform debris removal and/or demolition. If determined necessary in accordance with Federal, State, and local regulations, debris removal/demolition of unsafe structures will be conducted at no expense to the property owner(s) on the above described property by personnel authorized by the State of West Virginia, although insurance reimbursement, compensation, or other proceeds paid to the property owner(s) for these activities resulting from the disaster-caused must be handled as set out below.

Government Indemnified and Held Harmless

The property owner(s) hereby agree to indemnify and hold harmless Entities for any damage of any type whatsoever to the above described property or to personal property and fixtures situated thereon, or bodily injury or death to persons on the property, and hereby releases, discharges and waives any and all actions, either legal or equitable, which the undersigned property owner(s) has (have), or ever might or may have, by reason of any action of aforesaid taken Clearance and Demolition Applicants to accomplish the aforementioned debris removal/demolition.

Avoidance of Duplication of Benefits: Reporting Money Received

The undersigned understands and acknowledges that receipt of compensation or reimbursement for performance of aforementioned activities from any source, including FEMA, the U.S. Small Business Administration, insurance (flood, homeowner’s, commercial, private, NFIP, or otherwise), an individual and family grant program or any other public assistance program that could constitute a duplication of benefits prohibited by federal law. In the event the undersigned receives any compensation from any source for the performance of the aforementioned activities on this property, or becomes aware that any other party has received such compensation, the undersigned will report it to the local County Office of Emergency Services (OES) and a Clearance and Demolition case manager at 304-561-6201. This avoidance of duplication of benefits includes using reasonable efforts to pursue a claim for insurance or benefits available from another source, if available, and to report any such compensation or reimbursement when received.

Signature(s) and Witnesses

Property Owner(s) Authorized Agent

Privacy Act Statement: The Property Owner(s) Authorized Agent acknowledge(s) that information submitted will be shared with other government agencies, federal and nonfederal, WV ARNG, and contractors, their subcontractors and employees for purposes of disaster relief management and for the objectives of this Right of Entry. This form is signed in order to allow access to perform debris removal/ and/or demolition operations at part of the Clearance and Demolition program, on the above-mentioned property and authorize the release of insurance policy and claim information and to clear any 3rd party interests in the subject structures.

For considerations and purposes set forth herein, I/we hereby agree to the conditions above on day of

 , 20 .

Property Owner/Owner’s Authorized Agent:

(Print Name) (Signature)

Current Address:

Current Telephone: Alternate Telephone:

**Please Provide a Copy of the following**

# Photo ID Title DEED

Property Tax Doc