

**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? ___ Yes ___ No Name on deed: _____

Do you have title to mobile home? ___ Yes ___ No Name on title: _____

Do you currently have a mortgage and/or equity line of credit on the damaged property? ___ Yes ___ No

Are you currently in a rent to own agreement? ___ 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? ___ Yes ___ No Amount Received _____

Did you have National Flood Insurance? ___ Yes ___ No **(Attach Copy)**

Amount Received _____

Is your policy active? ___ Yes ___ No

FEMA / SBA / Private Insurance / Assistance Received

Did you receive FEMA grant money? ___ Yes ___ No Amount Received _____

Residence in flood plain? ___ Yes ___ No ___ 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

I, _____ 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: _____ Date: _____

Applicant Signature: _____ Date: _____

Witness Name: _____ Date: _____

Witness Signature: _____ 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 RESIDENCE ADDRESS: | | COUNTY: |
| | | |
| LOW INCOME 0-50% | | |
| | | |
| MOD INCOME 51-80% | | |
| | | |
| FEMALE HEADED HOUSEHOLD | | |
| | | |
| 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 Clearance and Demolition Project Manager, SFC Richard Rader, at Richard.I.Rader2.mil@mail.mil or (304) 561-6203.

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 Slum & Blight Program.

Signature: _____

Witness: Name: _____

Signature: _____

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

Ownership Interest and Grant of Right and Blight of Entry for Slum and Blight.

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 do(es) 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 “Slum and Blight Entities”) 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 Slum and Blight Entities 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 Slum and Blight Entities taken 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 Slum and blight 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.

Insurance Information – Flood, Homeowner’s, or Other

- The undersigned certifies there was not insurance coverage on the property during the June 2016 flooding event.
- The undersigned certifies there is/was insurance coverage on the property and my signature on this Right of Entry authorizes the following insurer(s) or agent(s) to release information relation to my coverage and payments for debris removal/demolition activities to the City/County identified herein and/or to the State of West Virginia and/or agencies of the government of the United States of America, including FEMA. Please fill out all applicable insurance information.

| | | |
|--|------------------|------------------|
| Homeowner’s Insurance: | Flood Insurance: | Other Insurance: |
| Company: _____ | _____ | _____ |
| Policy: _____ | _____ | _____ |
| Claim: _____ | _____ | _____ |
| NFIP Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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 Slum and Blight 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