**Virginia Department of Housing and Community Development**

Disaster Assistance Fund Program Application

Part 2 of the Program (Disaster Mitigation)

Generally Funding under Part 2 of the Program (Disaster Mitigation) is available to Eligible Applicants to fund Eligible Activities within the boundaries of a Qualified Community as provided in the Guidelines, as amended. The funding is designed for DHCD to supply funding to support mitigation efforts aimed at lessening the impact of major weather event disaster damages to affected communities to counter the cycle of disaster damage, reconstruction, and repeated damage. Generally, funding under Part 2 of the Program will be performance based.

Part 2 of the Program (Disaster Mitigation) supports disaster mitigation and resiliency efforts in qualified communities that were affected by the Major Weather Event Disaster related to a flood disaster, mudslide, storm damage, wind damage, or landslide that was subject to a Major Disaster Declaration occurring on or after August 1, 2021.

# **Type of Assistance Requested:**

**Maximum Award Per Property**

☐ Bridge Repair/Reconstruction Up to $50,000

☐ Retaining Wall Repair/Reconstruction Up to $29,000

☐ Planning Grant for Flood Mitigation Up to $7,500 for planning activities related to single-bridge repair or replacement

# **Section A – Damaged Property Detail**

What County is the damaged property located in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which disaster event does this application pertain to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of Damage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Repair or Reconstruction Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain funding gaps or unmet needs preventing restoration:

\_\_\_\_\_\_\_\_ *(Initial)*  I understand that this program shall not provide relief for a realty that was abandoned or uninhabited at the time of the disaster and I hereby, under oath, affirm that this property for which I am applying, was occupied/inhabited during the disaster event by the following person(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print names) (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print names) (Signature)

# **Section B – Owner Applicant Information**

\_\_\_\_\_\_\_\_\_\_ *(Initial)* I hereby attest that my property, as identified in this application, was affected by the Major Weather Event Disaster related to a flood disaster, mudslide, storm damage, wind damage, or landslide that was subject to a Major Disaster Declaration occurring on or after August 1, 2021.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | | | |  | SSN |  |  |
|  |  | Last | First | | M.I. |  |  |  |  |
| Address |  |  | | | |  | DOB |  |  |
|  |  | Street address | | | Apt/Unit # |  |  |  |  |
|  |  |  | | | |  | Email |  |  |
|  |  | City | | State | Zip Code |  |  |  |  |

I was a Virginia resident during the disaster event - Yes  No

I am presently a Virginia resident - Yes  No  Driver’s License/State ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number (\_\_\_\_\_\_) -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number (\_\_\_\_\_\_) -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | | | |  | SSN |  |  |
|  |  | Last | First | | M.I. |  |  |  |  |
| Address |  |  | | | |  | DOB |  |  |
|  |  | Street address | | | Apt/Unit # |  |  |  |  |
|  |  |  | | | |  | Email |  |  |
|  |  | City | | State | Zip Code |  |  |  |  |

I was a Virginia resident during the disaster event - Yes  No

I am presently a Virginia resident - Yes  No  Driver’s License/State ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number (\_\_\_\_\_\_) -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number (\_\_\_\_\_\_) -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Section c - Supporting Documents (Required)**

☐ Bridge/Slope Inspection & Damage Report by a Construction Professional

☐ Cost Estimate from a Construction Professional

☐ Contract for Work from a Construction Professional

☐ Proof of Ownership & Flood Damage Assessment

☐ Local Government Endorsement/Permits (if applicable)

# **Section D – Applicable Deductions**

**1. Insurance**

**All insurance policies/coverages for this property, in effect at the time of the disaster event, shall be listed below. A copy of all insurance policies and declarations pages shall be submitted. The applicant must provide sufficient proof when declaring no insurance coverage during the dates of the disaster event** *(A No-Insurance Declaration affidavit may be submitted).* **Failure to disclose insurance coverage for this property may result in the denial of relief under this program or the return of funds if relief has been provided based on false information** *(Applicant must select 1a or 1b below).*

**(1a)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Initial)*** I do hereby attest that I **DID NOT** have insurance coverage *(flood, disaster, homeowner’s, other)* for this property during the dates of the disaster event for which I have applied, therefore NO insurance proceeds were received for damages to this property caused by this disaster event.

**(1b)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Initial)*** I do hereby attest that I **DID** have insurance coverage *(flood, disaster, homeowner’s, business, other; copies of all relevant policies are attached)* for this property during the dates of the disaster event for which I have applied and ALL insurance proceeds received as a result from claims for property damages for this property due to this disaster event are disclosed below as follows:

* **Flood/Disaster - Insurance Provider** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proceeds Received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Homeowner’s - Insurance Provider** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proceeds Received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Insurance Proceeds Received $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Section E – Applicable Deductions continued**

**2. Federal – State Relief**

**All federal and state disaster relief applied for and/or received for this property, due to this disaster event, shall be listed below. Failure to disclose proceeds from federal or state relief may result in the denial of relief under this program.**

Have you applied for any Federal or State assistance due to this disaster event? Yes  No

If you answered Yes, list the assistance type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Federal Assistance/Loan Relief Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Federal Assistance/Loan Relief Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Federal Assistance Relief Received $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* State Assistance/Loan Relief Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* State Assistance/Loan Relief Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total State Assistance Relief Received $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification & Agreement** I certify on penalty of perjury that the information provided is accurate and that the requested funds will be used exclusively for eligible disaster mitigation activities. I understand that non-compliance may result in repayment obligations, disqualification, or criminal or civil penalties.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **SECTION F – CERTIFICATIONS/SIGNATURES**

**By signing this document, I, the applicant, certify that:**

1. I understand that my application is subject to the availability of funds.
2. I understand that all information and documentation submitted for my application, in all respects, including but not limited to real property percentages of ownership and legal standing to receive compensation for which I have applied, is accurate and true and that I have not withheld information requested/required, and any information presented for my application may be shared as needed.
3. I understand that misrepresenting any information or failing to disclose information requested on the required forms may disqualify me from participation in the program and/or may be grounds for repayment of assistance.
4. Both the Virginia Department of Housing and Community Development and the county agency facilitating my application have my permission to verify all information presented in my application to determine my eligibility for disaster relief assistance.
5. I understand that my application will not be awarded financial compensation if I am found to be an ineligible applicant, if my property does not meet all criteria as set forth by legislative language and program guidelines, or if my application and/or required supporting documentation is incomplete.
6. I understand that the intended use of assistance funds received from this program is for repair of damaged properties as submitted in this application and located at the address(s) for which I have applied, and for replacement of destroyed property, and I agree to return unused funds to the Virginia Department of Housing and Community Development for any remaining funds not used for the program’s intended purpose.
7. I shall not create, be deemed to create, or permit any personal liability or obligation on the part of any direct or indirect employee of Virginia Department of Housing and Community Development or the local facilitating agency, or any of the state or local agencies’ respective officers, directors, employees, agents or representatives, and I hereby swear an oath to not bring or be party to any legal suit/action, against any state or local employee, direct or indirect, or any of the agencies’ respective officers, directors, employees, agents or representatives, and by my action of making application and/or receiving compensation funds from the Commonwealth of Virginia, and I hereby release all state and local agencies involved with my application and hold them harmless.
8. I affirm that I have read the complete application in its entirety, understand the content processes and terms and guidelines of This Program, and agree to all terms of this program.

**WARNING: It is unlawful to provide false information to the government when applying for recovery assistance.**

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY SEAL**

**STATE OF VIRGINIA, in the COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The foregoing Instrument was subscribed, sworn to/affirmed, and

acknowledged before me, whose identity is known or was proven to me

by photographic evidence. Individual names and dates of notarization

below.

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **SECTION G – ADDITIONAL INFORMATION**

**(Please complete if additional information is necessary)**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_