



# CAMERON PARISH POLICE JURY

HAZARD MITIGATION ASSISTANCE (HMA)  
DR-4559 HURRICANE LAURA

## VOLUNTARY PARTICIPATION AGREEMENT

Properties submitted for consideration **MUST** have been damaged during Hurricane Laura

(ANSWER EACH SECTION)

### Owner Information:

Property Owner: \_\_\_\_\_

Co-Owner's full name: \_\_\_\_\_

(Attach copies of Driver's License or State Issued Photo Identification of Owner and Co-Owner)

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Property address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address (if different): \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Program you are interested in participating in:

\_\_\_\_\_ Elevation \_\_\_\_\_ Reconstruction (Re-Build)

\*Please select only one or indicate your preference if you are considering both

### Damage Information (at time of event):

Do you currently have a flood insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Flood Insurance Policy # \_\_\_\_\_

(Attach copy of flood insurance policy declarations page)

Have you filed flood insurance claims in the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Flood and damage history – list any storms, rainfall events, etc. (use extra pages as needed)

Date: \_\_\_\_\_ Damages: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Damages: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Damages: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Damages: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Damages: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Damages: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Damages: \$ \_\_\_\_\_

Is your home substantially damaged (more than 50%)? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you filed for ICC with your insurance in the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

**Property Information (at time of event):**

Type of property (mark one):

Owner occupied – Primary

Owner occupied – Secondary

Rental property

Vacant land

Other (Explain) \_\_\_\_\_

Type of Home (mark one):

Single family

2-4 family

Multi-family (5+)

Other (Explain) \_\_\_\_\_

Type of Structure (mark one):

Wood

Masonry (brick)

Mobile/manufactured home

Modular home

Other (Explain) \_\_\_\_\_

Type of Foundation (mark one):

Slab on grade

Elevated on piers/columns/posts/piles

Crawl space

Other (Explain) \_\_\_\_\_

Approximate Date of Construction: \_\_\_\_\_

Total **Living** Area in Square Feet (all floors): \_\_\_\_\_

Total Area in Square Feet (including carport, garage, porch, patio, etc.) \_\_\_\_\_

Number of Stories above ground: \_\_\_\_\_

Assessment or Tax Parcel #: \_\_\_\_\_

Estimate the Fair Market Value of your home: \$\_\_\_\_\_

**CERTIFICATION**

I understand that the participation of this property under the Hazard Mitigation Assistance grant program for Elevation/Reconstruction, is voluntary in nature and that I am under NO obligation to participate, and that I may drop out of the program at any time.

I currently plan to participate in the voluntary Hazard Mitigation Assistance grant program.

**Property Owner(s):**

**Print Name:** \_\_\_\_\_

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

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

**Print Name:** \_\_\_\_\_

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

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