

BENEFIT COST ANALYSIS WORKSHEET

I. ACQUISITION, ELEVATION AND RELOCATION PROJECTS

Participation in an acquisition project must be voluntary on the part of the property owner. Prepare a separate worksheet for each individual structure to be acquired. Please use tax card to complete application.

A. Property Owner(s) Information

Name of Owner: _____
Name of Co-owner: _____
Property Address: _____
Address City State Zip Code
Mailing Address: _____
Address City State Zip Code
City/County/Town: City of Hampton
Telephone Number: _____
Daytime Evening

B. Property Site Information

Building Use: Owner Occupied Rental Property Secondary Home
 Business Property Multi-Family Home Public Building
 House of Worship Vacant Land Other _____

Building Type: 1-Story Home 2-Story Home Manufactured Home
 Split Level Apartment Building Other _____

Foundation Type: Crawl Space Unfinished Basement Finished Basement
 Slab on Grade Elevated on (circle one) Piers, Piles, Post or Column
 Other _____

Construction Type: Wood Frame Solid Masonry Other

Water Information: Public Water Well Other _____

Sewer Information: Public Sewer Septic System

Heating of Home: Electric Natural Gas Oil
 Solar Other _____

Total Square Footage: _____ Year Built: _____

Area Occupied by the owner: _____

Are there underground storage tanks located on the property? Yes No
If yes, please explain size and usage _____

Are there any additional structures located on the property to be mitigated?
(including outbuildings, mobile homes, greenhouses, boathouses, etc.) Yes No

If yes, what is the value? _____
Are they Attached Detached

C. Occupant Information

Did the owner occupy the structure during the disaster? Yes No
If yes, are the owners still in the structures? Yes No

Was there flood insurance on the property? Yes No

Company/Agent: _____ Policy Number: _____
Have you had two or more insured losses of \$1,000 or greater? Yes No

BENEFIT COST ANALYSIS WORKSHEET

If the structure is a public or non-profit building, what is the annual budget for the uses contained in the portions of the structure being mitigated? _____. If the structure is a commercial properties, what is the monthly net income? _____

FOR RENTAL PROPERTY ONLY (INCLUDING LAND FOR MOBILE HOMES)

(Name(s) and Social Security Number(s) of all tenants will be needed at closing as well as documentation of occupancy)

1. Did tenants occupy the property at the time of the disaster? Yes No
2. Was the property occupied 90 days prior to the disaster? Yes No

(Names of tenants at time of disaster)

(Names of current tenants)

3. Is the property currently occupied? Yes No
4. If you are a mobile home owner were you renting the lot for your home? Yes No
 If yes, who is the owner of the lot? _____
5. If rented, what is the monthly rent for the property? _____

D. History of Damages

Please include all damages \$100 or greater for the life of the house, Including lost wages, loss of function, cleanup costs, etc. (Please continue on a separate piece of paper if necessary)

Date of Event	Frequency of Event	Description of Damages	Damage Costs to Structure	Damage Costs to Contents	Duration of Displacement or Loss of Function

BENEFIT COST ANALYSIS WORKSHEET

The County/City/Town certifies that any subsequent acquisition, elevation or relocation of the above property utilizing Hazard Mitigation Grant Program Funds are strictly voluntary and powers of eminent domain will not be used.

By signing this survey document I/we, the undersigned, acknowledge that all information provided is true and correct to the best of my/our knowledge. Completing this application does not imply any additional obligation to participate in any subsequent property acquisition/elevation/relocation program undertaken by the County/City/Town and does not imply any obligation by the County/City/Town to acquire/elevate/relocate the above referenced property. The purchase of the referenced property is contingent on the state receiving funding from the Federal Emergency Management Administration (FEMA).

By signing this survey document, I/we the undersigned, agree to allow access to my/our property for the purpose of providing data collection.

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

For Local Government Use Only (All information must be included to submit the application)

1. Flood Zone Designation (check all zones applicable for the property)

- A (100-year)
- B (500-year)
- C or X (unshaded)
- Floodway
- COBRA Zone (Federal regulations strictly limit federal funding for projects in this zone; please coordinate with your state agency before submitting application for a COBRA zone project)
- Other, please describe: _____

2. Base Flood Elevation _____ Finished First Floor Elevation _____

3. Structure's Assessed Value _____ Land's Assessed Value _____

- Four color pictures of the house (including front, back, and each side)
- Pictures of out buildings included
- Parcel Map (including surrounding roads)
- FIRM
- Substantial Damage Determination
- Voluntary Participation Agreement (VPA)
- Individual Budget Spreadsheet
- Elevation Certificate
- Tax Card
- DMV certificate of title and/or registration of mobile homes