

VPA

HMGP VOLUNTARY PARTICIPATION AGREEMENT

Complete and return this form by mail to:

**Elevation Programs
PO Box 5098
Baton Rouge LA 70821-5098**

SECTION 1: ELEVATION ELECTION (check one)

- I have sold the home that was damaged during the storm and therefore will not be participating in the HMGP Award Program.
- I am **not** interested in receiving an HMGP Award

IF YOU CHECKED EITHER OF THE ABOVE: STOP, SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE.

Applicant or Co-applicant NAME	Applicant or Co-Applicant SIGNATURE	Date
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Home Phone: (____) _____	Cell Phone: (____) _____
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Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person w/ POA)	Agent SIGNATURE	Date
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- I AM INTERESTED IN RECEIVING AN HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO COMPLETE SECTIONS 2 & 3**

SECTION 2: Complete this section **only** if you are interested in receiving an HMGP Award

1. The status of elevation work to my home is: **(Select the one answer that most closely fits your situation)**

- As of March 16, 2008, I had completed elevation of my home to meet the latest elevation standards in my community.
- As of March 16, 2008, I had started—but not completed—elevation of my home to meet the latest elevation standards in my community.
- I did not start elevation of my home to meet the latest elevation standards in my community before March 16th, 2008. I expect to start by _____ (or) I started on _____.

2. My home to be elevated was initially constructed: **(mark all that apply)**

- During or before 1964
- After 1964
- My damaged home from the time of the storm has been demolished or cleared.
- Don't know

SECTION 3: Complete this section **only** if you are interested in receiving an HMGP Award

VOLUNTARY PARTICIPATION AGREEMENT **Statement of Compliance**

This Agreement of Voluntary Participation is made on _____ (date). I/we are the owner of the following property, eligible for **Road Home** assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

_____ (the "Property").

Street	City	Parish	ZIP
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We currently plan to participate in the HMGP Award program. I/we understand that the elevation of this Property with an HMGP Award is voluntary in nature; that I/we are under no obligation to participate; and that I/we may drop out of the program at any time before receiving an award. I/we understand that once the home is elevated that I/we must secure and maintain a flood insurance policy.

Applicant or Co-Applicant NAME	Applicant or Co-Applicant SIGNATURE	Date
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Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (Person w/ POA)	Agent SIGNATURE	Date
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