HMGP Elevation Program -- Homeowner Reimbursement Expense Form for Eligible Expenses

| Owner Name: | |
|--------------------|------------------|
| Property Address: | |
| County: | Municipality: |
| HMGP Grant Number: | Submission Date: |

This itemized expense form is for the applicant to **document their eligible expenses only** for reimbursement. (Please see the attached form which identifies the eligible expenses that are reimbursable and ineligible expenses that are not.) The fields below should reflect any eligible elevation related expenses. The applicant shall number and include, in date order, all <u>paid invoices and receipts with proof of payment</u>. Please complete all 4 pages. Reimbursement requests must:

- 1) Use this Form
- 2) Follow the specified instructions
- 3) Enter information by the 4 elevation Phases
- 4) Organize and label your receipts by Phase (for example, "Elevation Construction Phase"), and then number the receipts chronologically (1 → ?) for all your expenses for that Phase by receipt date.
- 5) Please record your name and HMGP grant number on each page.
- 6) Please be sure to include your contractor's registration or license number adjacent to their name.

Submission requests will be returned to the applicant if they do not follow this format or instructions, deviate from the categorized phases, or fail to organize and attach all required documentation to this form.

| PRE-OBLIGATION PHASE EXPENSES: | | | | | | | | | |
|---|-----------------------------|---------------------------|--|----------------|--|--|-------------------|--|--|
| Cost incurred and paid for by you between 10/30/2012 and the date of your FEMA obligation | | | | | | | | | |
| Examples of <u>Pre-Obligation</u> Activities: Engineering services for design, structural feasibility analysis, and cost estimate preparation Cost of surveying and soil sampling Utility and Construction permits | Receipt/ Invoice Date | Merchant/Service Provider | Contractor's Registration or License Number | Amount Claimed | Payment Date (when expense was paid) | Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S) | Receipt Number | | |
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| Total Pre-Obligation Costs: | | | | \$ | | | | | |

| NAME: | POST OBLIGATION – PRE CONSTRUCTION PHASE EXPENSES | | | | | | |
|---|---|--|--|----------------|--|---|-------------------|
| HMGP#: | Expe | Expenses incurred and paid for by you AFTER the date of your FEMA obligation AND before construction | | | | | |
| Examples of <u>Post Obligation-</u> <u>Pre Construction Activities:</u> Engineering services for design, structural feasibility analysis, and cost estimate preparation Cost of surveying and soil sampling Utility and Construction permits Site preparation | Receipt/ Invoice Date | Merchant/Service Provider | Contractor's Registration or License Number | Amount Claimed | Payment Date (when expense was paid) | Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S) | Receipt number |
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| Total Post ObligationPre Construction Costs: | | | \$ | | | | |

| NAME: | ELEVATION CONSTRUCTION PHASE EXPENSES | | | | | | |
|------------------------------------|---------------------------------------|--|--|--|--|---|-------------------|
| HMGP#: | | Expenses incurred and paid for by you for the elevation of your home | | | | | |
| | Receipt/ Invoice Date | | | | | Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S) | Receipt number |
| Total Elevation Construction Costs | | | | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | |

| NAME: | | POST-CONSTRUCTION PHASE EXPENSES | | | | | |
|--|-----------------------------|--|--|----------------|---|---|-------------------|
| HMGP#: | | Expenses incurred and paid for by you AFTER the elevation of your home | | | | | |
| Examples of <u>Post-Construction</u> Activities: Utility reconnection Post-construction Elevation Certificate Legal and recording fees for Deed Restriction Debris disposal and erosion control | Receipt/ Invoice Date | Merchant/Service Provider | Contractor's Registration or License Number | Amount Claimed | Payment Date (when expense was paid) | Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S) | Receipt number |
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| Total Post-Construction Costs: | | | | \$ | | | |
| Displacement Costs: Cost of temporary housing (food ar | nd transpor | tation are not eligible) | | s | | | |
| TOTAL COSTS FOR COMPLETE | | ON PROJECT | | \$ | | | |
| SUM OF 4 SECTIONS ABOVE): | | | | | | | |

Applicant certification: I certify that, to the best of my knowledge, the eligible expenses identified herein (all pages) are true and accurate and represent eligible expenses incurred and paid for by me for the elevation of my home that I wish to be reimbursed for. I have read the provided documentation and understand what expenses are eligible for reimbursement and which are not.

Applicant Signature:___

| NAME: HMGP #: | | EXPENSES NOT IDENTIFIED ABOVE | | | | | | |
|--|-----------------------------|-------------------------------|--|----------------|---|---|-------------------|--|
| Record your additional expenses here and their Phase (i.e.Construction, etc.): | Receipt/ Invoice Date | Merchant/Service Provider | Contractor's Registration or License Number | Amount Claimed | Payment Date (when expense was paid) | Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S) | Receipt Number | |
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| Total Expenses on this page: | | | • | \$ | | | | |
| NOTES/COMMENTS FOR HMGP STAFF: | | | | | | | | |