**Rebuild Florida Voluntary Home Buyout Program**

**Voluntary Acknowledge Form**

**Clay County, Florida**

The State of Florida has allocated available funds through the Community Development Block Grant-Disaster Recovery (CDBG-DR) Voluntary Home Buyout Program. The goal of the program is to reduce the risk of flooding through the purchase of damaged or destroyed properties impacted by Hurricane Irma. Your property may also be eligible for purchase if it is located in High Risk Flood Area.

This program will allow the government to purchase your property at the pre Hurricane Irma fair market value for both the land and the structure. The structure will be demolished and the property will be held for conservation, recreation, or storm water management purposes in perpetuity.

Please complete this form if you are interested in being included in the Clay County application to the Florida Department of Economic Opportunity, Rebuild Florida Voluntary Home Buyout Program. **Signing this form does NOT commit you to any action**. You have the right to withdraw from the program at any time prior to closing.

The submission of your property for buy-out does not guarantee that the Department of Economic Opportunity will award grant funds for the purchase of your property. To be eligible for participation, you must meet all eligibility requirements specified in the CDBG-DR program. All details related to award amount and sales price will be determined in compliance with CDBG-DR requirements. You are under no obligation to accept the grant award.

Please complete the following information:

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner(s) Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner(s) Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The local government is required by the Department of Housing and Urban Development to inform you that your participation in the Voluntary Home Buyout Program is **voluntary**.

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Owner’s Signature Date

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

Owner’s Signature Date

***Email this form to IRMA-Grants@ClayCountyGov.com***

**PLEASE TURN PAGE OVER TO COMPLETE THE VOLUNTARY HOME BUYOUT PROGRAM ADDENDUM**

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**Rebuild Florida Voluntary Home Buyout Program**

**Voluntary Acknowledge Form Addendum**

**Clay County, Florida**

Please provide a brief description of your storm damage from Hurricane IRMA:

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

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Has your home experienced other severe flood damage in the past? Provide a brief summary with dates:

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

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In order to increase your evaluation score for inclusion in the Rebuild Florida Voluntary Home Buyout Program, the State of Florida has requested the following additional information be included in the application package. If you choose to complete these questions, you may enhance your overall property evaluation score and likelihood of being prioritized for selection.

1. Household Income: Please provide your annual household income. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Special Needs Family Member: Please indicate if a member of your household is
	1. Disabled Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_
	2. Handicapped Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_
	3. Has special needs Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_
3. Elder Family Member:

Do persons age 62 years or older live in the household. Yes\_\_\_\_\_\_\_ No\_\_\_\_\_­­\_\_

1. Children in the Household:
	1. Do persons age 18 years of age or under live in the household. Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_