

## REQUEST FOR VOLUNTARY DEMOLITION ASSISTANCE

<b>Dilapidated Property Street Address</b>			
<b>City</b>			
<b>Property Owner's Name *</b>			
<b>Address</b>			
<b>Telephone</b>		<b>Cell Phone</b>	
<b>Mortgage or Lien Holder</b>			
<b>Mortgage/Lien Holder Address</b>			
<b>Mortgage Account Number</b>			
<b>Authorized Agent (if different from owner)</b>			
<b>Authorized Agent Telephone</b>		<b>Cell Phone</b>	

\* If there are multiple property owners, please include their information on the last page of this request.

I **voluntarily request** that the County of Galveston, acting through the Galveston County Housing Assistance Program, utilize Community Development Block Grant Disaster Recovery (CDBG-DR) funds, in an effort to remove Slum and Blight located within Galveston County, demolish and remove all vacant, dilapidated structure(s) and/or debris located at the address stated above.

**I certify the following:**

I am the owner, or the owner's Authorized Agent as stated in the attached Authorized Agent Request or other legal document(s) that grant me legal authority to act on behalf of the property owner and to authorize the demolition and/or clearance of the property described above.

This property is owned by an individual or individuals, and not by a company or corporation.

I certify that the property damage and debris is a result of Hurricane Ike.

I agree to have a lien applied to the property until Round 1 of the Hurricane Ike recovery program administered by Galveston County is closed with the State of Texas. The amount of the lien will match the amount expended by the program in support of activities associated with the property.

I certify that the property has been not been occupied since \_\_\_\_\_ (approximate date).

**Right of Entry** - I grant, freely and without coercion, the right of access and entry to said property to Galveston County, and each of its agents, contractors, and subcontractors, for the purpose of inspecting, documenting, photographing, and removing and/or clearing any or all debris, including demolition and removal of unsafe structures, from the above-described property.

**Duplication of Benefits (DOB)** - I understand that the Demolition assistance provided by Galveston County is subject to the **Robert T. Stafford Disaster Assistance and Emergency Relief Act (Stafford Act)**, which prohibits any person, business concern, or other entity from receiving financial assistance with respect to any part of a loss resulting from a major disaster as to which he has received financial assistance under any other program or from insurance or any other source. This DOB includes assistance provided by FEMA, the real estate portion of SBA disaster loans for Hurricane Ike, and any insurance proceeds (including NFIP proceeds) relating to structure (generally Coverage A) for Hurricane Ike or subsequent damages to the structure.

**CHOOSE ONE BELOW:**

\_\_\_\_\_ I certify that I have not received any DOB financial assistance related to the above described property.

\_\_\_\_\_ I certify that I have received the following DOB financial assistance related to the above described property:

Source of Funds	Amount	Policy or Claim Number
Homeowner's Insurance Name of Company:	\$	
FEMA	\$	
SBA Loan	\$	
Other (specify):	\$	

I agree to notify and send proof/statement of loss to Galveston County and agree to reimburse payment for funds expended by Galveston County on my behalf, if I have received or do receive in the future any funds provided for the removal of Hurricane Ike storm-generated debris and/or demolition.

I understand that all remaining debris, including standing structures; wiring; vents; piping; fixtures; concrete, brick, or stone foundations; slabs; fences, vegetation, steps; septic systems (pumped, collapsed, and filled) and driveways **will be removed**, unless otherwise specified.

I understand that it is my responsibility to list below the items that I do NOT want to be removed. I understand that this request will be reviewed to determine compliance with program standards and that the request may be denied. Movable items that I wish to retain, including vegetation, must be removed immediately and before Galveston County requests bids from the demolition contractors. **All remaining items**

that are determined by Galveston County to be a hazard to health and safety or that impede the demolition process will be removed.

Items that I DO NOT want to be removed:

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I here authorize Galveston County and the Galveston County Housing Assistance Program, its agents, contractors, and subcontractors, permission to obtain information related the property located at \_\_\_\_\_, including information regarding ownership, mortgage and/or lien status, and other issues related to and necessary to verify my eligibility for demolition/clearance assistance.

Owner shall, to the fullest extent permitted by applicable laws, indemnify and hold the County of Galveston and its agents, contractors, and subcontractors harmless from and against all claims, damages, losses and expenses, liability or causes of action for injury to any person, including death, and for damage to any property, tangible or intangible, or for any breach of contract including, but not limited to, fees of attorneys and other professionals and court costs arising directly, indirectly or consequentially out of any action, legal or equitable, brought by any person(s) against Owner or Owner's Authorized Agent. It is the intent that this provision shall extend to, and include, any and all claims, causes of action or liability caused by the concurrent, joint, and/or contributory negligence of the County of Galveston, its agents, contractors, and subcontractors.

By signing this document, (I/we) certify that (I/we) are the owner(s) of this property and/or that (I/we) are authorized to sign this Request for Voluntary Demolition Assistance.

I certify this Request for Voluntary Demolition has been completed to the best of my knowledge with complete & accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance granted to my household based on fraudulent information must be reimbursed in whole to Galveston County.

(All owners must sign if an Authorized Agent is not being utilized)

Owner #1

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

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

<b>Notary's Acknowledgement</b>
Before me, the undersigned authority, on this the ____ day of _____, 20____, personally appeared _____, who first being duly sworn by me, acknowledged this instrument.
My commission expires _____
NOTARY PUBLIC in and for the STATE OF TEXAS

Owner #2

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

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

<b>Notary's Acknowledgement</b>
Before me, the undersigned authority, on this the ____ day of _____, 20____, personally appeared _____, who first being duly sworn by me, acknowledged this instrument.
My commission expires _____
NOTARY PUBLIC in and for the STATE OF TEXAS

Signed this \_\_\_\_ day of \_\_\_\_\_, 2011

<b>Important: Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction.</b>
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**Authorized Agent Of Owner:**

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

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

**Notary's Acknowledgement**

Before me, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who first being duly sworn by me, acknowledged this instrument.

\_\_\_\_\_  
NOTARY PUBLIC in and for the STATE OF TEXAS

My commission expires \_\_\_\_\_

**Return To: Galveston County Housing Dept.**

**722 Moody – 6<sup>th</sup> Floor**

**Galveston, TX 77550**

**Questions: (877) 221-8215**

**PLEASE LIST ALL OWNERS OF THIS PROPERTY**

<b>Property Owner #1 Name</b>			
<b>Address</b>			
<b>Telephone</b>		<b>Cell Phone</b>	

<b>Property Owner #2 Name</b>			
<b>Address</b>			
<b>Telephone</b>		<b>Cell Phone</b>	

<b>Property Owner #3 Name</b>			
<b>Address</b>			
<b>Telephone</b>		<b>Cell Phone</b>	

<b>Property Owner #4 Name</b>			
<b>Address</b>			
<b>Telephone</b>		<b>Cell Phone</b>	

<b>Property Owner #5 Name</b>			
<b>Address</b>			
<b>Telephone</b>		<b>Cell Phone</b>	

<b>Property Owner #6 Name</b>			
<b>Address</b>			
<b>Telephone</b>		<b>Cell Phone</b>	