



## SPAG Regional Safe Room Application Form

### A. Home Owner Information

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State: TX Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mobile/Cell # \_\_\_\_\_ E-mail Address \_\_\_\_\_

### B. Property Location-Legal Description

Subdivision or Survey Name \_\_\_\_\_

Section Acreage \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Reserve \_\_\_\_\_ Abstract \_\_\_\_\_

### C. Property Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**D. Date the home was built** \_\_\_\_/\_\_\_\_/\_\_\_\_

### E. Potential Safe Room Information--(Please Answer the Following)

Anticipated Date of Installation \_\_\_\_/\_\_\_\_/\_\_\_\_ Safe Room Type: In-Ground \_\_\_\_\_ In-Residence \_\_\_\_\_

Exact Location of Safe Room \_\_\_\_\_

Name of Contractor \_\_\_\_\_

Contractor Debarment Status Verification Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (If applicable, print out the Verification form and attach to application).

### F. Specific Address Information - Please Complete And Sign The Following

**(Prior to reimbursement, the following information must be completed):**

911 Address \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ "Latitude/Longitude as required by FEMA"

I hereby authorize the release of the safe room information to the local emergency first responders including but not limited to the fire department, police department, and emergency medical services providers to assist in location and rescue efforts.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature of Owner) (Date)

### G. Please Read the Following:

- This form does not guarantee that your safe room application will be funded.
- If funded, this program provides a 50% rebate (up to \$3,000 to eligible participants who install safe rooms).
- Qualifying safe rooms must be built/ installed, and certified by a builder or installer.
- I certify that my property is not located in a floodplain or a Coastal Surge Zone (V Zone).
- I understand that my participation in this program is completely voluntary.
- I have carefully reviewed this form and understand all the information herein. To the best of my knowledge, the answers hereto are true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature of Owner) (Date)