


DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

OMB Control No. 1660-0040
Expires: 09-30-2023

| SECTION I - LOAN INFORMATION | | | |
|---|--|---|--|
| 1. LENDER/SERVICER NAME AND ADDRESS Customer Number 1000143429 Address CENTREBANK PO BOX 247 VEEDERSBURG, IN 47987-0247 Delivery Method: FDR-COM - WEB | | 2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.) Borrower: HARKLEROAD, MARK Determination Address: 1222 ORCHARD DR COVINGTON, IN 47932-1353 FOUNTAIN COUNTY APN/Tax ID: _____ Lot: _____ Block: _____ S/D: _____ Phase: _____ Section: _____ Township: _____ Range: _____ | |
| 3. LENDER/SERVICER ID # 15532 | 4. LOAN IDENTIFIER 518283 | 5. AMOUNT OF FLOOD INSURANCE REQUIRED | |
| SECTION II | | | |
| A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION | | | |
| 1. NFIP Community Name COVINGTON, CITY OF | 2. County(ies) FOUNTAIN COUNTY | 3. State IN | 4. NFIP Community Number 180066 |
| B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME | | | |
| 1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A") 18045C0094C | 2. NFIP Map Panel Effective / Revised Date February 06, 2013 | 3. Is there a Letter of Map Change (LOMC)? <input checked="" type="radio"/> NO <input type="radio"/> YES (If yes, and LOMC date/no. is available, enter date and case no. below.) Date: _____ Case No: _____ | |
| 4. Flood Zone X | 5. No NFIP Map <input type="checkbox"/> | | |
| C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply.) | | | |
| 1. <input type="checkbox"/> Federal Flood Insurance is available (community participates in the NFIP). <input type="checkbox"/> Regular Program <input type="checkbox"/> Emergency Program of NFIP 2. <input checked="" type="checkbox"/> Federal Flood Insurance is not available (community does not participate in the NFIP). 3. <input type="checkbox"/> Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA). Federal Flood Insurance may not be available. CBRA/OPA Designation Date: _____ | | | |
| D. DETERMINATION | | | |
| IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, flood insurance is required by the Flood Disaster Protection Act of 1973. If no, flood insurance is not required by the Flood Disaster Protection Act of 1973. Please note, the risk of flooding in this area is only reduced, not removed. This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building /mobile home on the NFIP map. | | | |
| E. COMMENTS (Optional) | | HMDA Information | |
| | | State: 18 | County: 045 |
| | | MSA/MD: CT: 9578.00 | 18045957800 |
| LIFE OF LOAN DETERMINATION This flood determination is provided solely for the use and benefit of the entity named in Section 1, Box 1 in order to comply with the 1994 Reform Act and may not be used or relied upon by any other entity or individual for any purpose, including, but not limited to, deciding whether to purchase a property or determining the value of a property. | | | |
| F. PREPARER'S INFORMATION | | | |
| NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender)  ServiceLink National Flood 500 E. Border St Third Floor Arlington, TX 76010 Phone: 1.800.833.6347 Fax: 1.800.662.6347 | | | DATE OF DETERMINATION July 01, 2024 ORDER NUMBER 1100434838 |