

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			
<b>1. LENDER/SERVICER NAME AND ADDRESS</b>  <b>Customer Number</b> 1000205046  <b>Address</b> THE HOME NATIONAL BANK 117 E MAIN STREET THORNTOWN, IN 46071-  <b>Delivery Method:</b> FDR-COM - WEB	<b>2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.)</b> <b>Borrower:</b> HEARTWOD INVESTMENTS  <b>Determination Address:</b> 13317 HAWKS VIEW BLVD FORT WAYNE, IN 46845-8726 ALLEN COUNTY  <b>APN/Tax ID:</b> _____ <b>Lot:</b> _____ <b>Block:</b> _____ <b>S/D:</b> _____ <b>Phase:</b> _____ <b>Section:</b> _____ <b>Township:</b> _____ <b>Range:</b> _____		

<b>3. LENDER/SERVICER ID #</b> 14225	<b>4. LOAN IDENTIFIER</b> LL-SO-01199	<b>5. AMOUNT OF FLOOD INSURANCE REQUIRED</b>
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**SECTION II**

**A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION**

1. NFIP Community Name ALLEN COUNTY *	2. County(ies) Unincorporated Areas	3. State IN	4. NFIP Community Number 180302
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**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") 18003C0160G	2. NFIP Map Panel Effective / Revised Date August 03, 2009	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.  Federal Flood Insurance is available (community participates in the NFIP).  Regular Program  Emergency Program of NFIP

2.  Federal Flood Insurance is not available (community does not participate in the NFIP).

3.  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")?**  YES  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: 003 MSA/MD: 23060 CT: 0103.08 18003010308

**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	<b>DATE OF DETERMINATION</b> September 25, 2024  <b>ORDER NUMBER</b> 1440904684
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