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

OMB Control No. 1660-0040

| | | SECTION I - LO | AN INFORMAT | ION | | | | | |
|---|--------------------------------|------------------------------|---|-------------|--------------|---|--------------------------|---------------------|--|
| 1. LENDER/SERVICER NAME | AND ADDRESS | | 2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for | | | | | | |
| Customer Number | more information.) Borrower: | more information.) Borrower: | | | | | | | |
| 1000224730 | CO PROPERTIES | CO PROPERTIES INC | | | | | | | |
| Address THRIVE CREDIT UNION | Determination Add | Determination Address: | | | | | | | |
| 3360 N MORRISON ROAD | | MUNCIE, IN 47302-4610 | | | | | | | |
| MUNCIE, IN 47304- | | DELAWARE CO | JNTY | | | | | | |
| ļ | | APN/Tax ID: S/D: | | Lot: | | | Block: Phase: | | |
| Delivery Method: FDR-COM - WE | Section: | Tow | Township: | | | Range: | | | |
| 3. LENDER/SERVICER ID # | TER | ₹ | | 5. AM | OUNT OF F | FLOOD INSURANCE REQUIRED | | | |
| | LL-SO-01714 | l l | | | | | | | |
| | | SEC | TION II | | | | | | |
| A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION | | | | | | | | | |
| 1. NFIP Community Name 2. C | | 2. County(ies) | | 3. State 4. | | 4. NFIP Co | 1. NFIP Community Number | | |
| MUNCIE, CITY OF | | • • • | DELAWARE COUNTY | | IN | | 180053 | | |
| B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME | | | | | | | | | |
| NFIP Map Number or Community-Panel Number 2. NFIP Map Panel Effective / 3. Is there a Letter of Map Change (LOMC)? | | | | | | | | | |
| (Community name, if not the sa | _ | Revised Date | | | | nor or map ornango (20mo). | | | |
| • | | | | ● NO | | | | | |
| 18035C0261D 4. Flood Zone | July 04, 201 5. No NFIP Map | 1 | | | | If yes, and LOMC date/no. is available, enter date and case no. below.) Case No: | | | |
| | 5. NO NETE Map | \neg | er | | enter da | | | | |
| X Date: C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply.) | | | | | | | Case No. | | |
| | | | | | | | | | |
| 1. 🔀 Federal Flood Insurance is available (community participates in the NFIP). 🔀 Regular Program 🗌 Emergency Program of NFIP | | | | | | | | | |
| 2. Federal Flood Insurance | a ia nat available (s | nammunitu daga nat n | articianeta in the | NICID) | | | | | |
| | · | | • | | | | | | |
| 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 X 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) | e building /mobile i | nome on the NFIP ma | ρ. | | | | ΗΜΠΔΙ | nformation | |
| z. commercio (optional) | | | | | | | State: | 18 | |
| | | | | | | | County: | 035 | |
| | | | | | | | MSA/MĎ: | 34620 | |
| | | | | | | CT: 0014.00 18035001400 | | | |
| | | | | | | | | . 6035001400 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| LIFE OF LOAN DETERMINATION | ١ | | | | | | | | |
| This flood determination is prov | | | | | | | | | |
| Reform Act and may not be use to purchase a property or deter | | | ndividual for any | y purp | ose, ind | cluding, but | not limited to |), deciding whether | |
| F. PREPARER'S INFORMATION | | л а ргорену. | | | | | | | |
| NAME, ADDRESS, TELEPHO | ther than Lender) | than Lender) | | | | DATE OF DETERMINATION December 10, 2024 | | | |
| _= | viceLink National Flo | , | | | | | | | |
| Comile | | | | | | | 000 | ED NILIMPED | |
| Service | rd Floor | loor Pho | | | 800.833.6347 | | ER NUMBER 441633673 | | |

Arlington, TX 76010

Fax:

1.800.662.6347

1441633673

Expires: 09-30-2023