

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><br><br><b>Customer Number</b><br>1000224730<br><br><b>Address</b><br>THRIVE CREDIT UNION<br>3360 N MORRISON ROAD<br>MUNCIE, IN 47304-<br><br><b>Delivery Method:</b> FDR-COM - WEB                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | <b>2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.)</b><br><b>Borrower:</b><br>KELLY S JEFFREY<br><br><b>Determination Address:</b><br>2203 S EATON AVE<br>MUNCIE, IN 47302-4849<br>DELAWARE COUNTY<br><br><b>APN/Tax ID:</b><br><b>S/D:</b><br><b>Section:</b> |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | <b>Lot:</b>                                                                                                                                                                                                                                                                                                       | <b>Block:</b>                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | <b>Phase:</b>                                                                                                                                                                                                                                                                                                     | <b>Range:</b>                                 |
| <b>3. LENDER/SERVICER ID #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4. LOAN IDENTIFIER</b><br><br>LL-SO-02462                           | <b>5. AMOUNT OF FLOOD INSURANCE REQUIRED</b>                                                                                                                                                                                                                                                                      |                                               |
| SECTION II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                                                                                                                                                                                                                                                   |                                               |
| A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                                                                                                                                                                                                                   |                                               |
| <b>1. NFIP Community Name</b><br><br>MUNCIE, CITY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2. County(ies)</b><br><br>DELAWARE COUNTY                           | <b>3. State</b><br><br>IN                                                                                                                                                                                                                                                                                         | <b>4. NFIP Community Number</b><br><br>180053 |
| B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                                                                                                                                                                                                                                                   |                                               |
| <b>1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A")</b><br><br>18035C0261D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>2. NFIP Map Panel Effective / Revised Date</b><br><br>July 04, 2011 | <b>3. Is there a Letter of Map Change (LOMC)?</b><br><br><input checked="" type="radio"/> NO<br><br><input type="radio"/> YES (If yes, and LOMC date/no. is available, enter date and case no. below.)<br><br>Date: Case No:                                                                                      |                                               |
| <b>4. Flood Zone</b><br><br>X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>5. No NFIP Map</b><br><br><input type="checkbox"/>                  |                                                                                                                                                                                                                                                                                                                   |                                               |
| C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                                                                                                                                                                                                                   |                                               |
| 1. <input checked="" type="checkbox"/> Federal Flood Insurance is available (community participates in the NFIP). <input checked="" type="checkbox"/> Regular Program <input type="checkbox"/> Emergency Program of NFIP                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                                                                                                                                                                                                                                   |                                               |
| 2. <input 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.<br><br>CBRA/OPA Designation Date:                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                                                                                                                                                                                                                   |                                               |
| D. DETERMINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                                                                                                                                                                                                                   |                                               |
| <b>IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If yes, flood insurance is required by the Flood Disaster Protection Act of 1973.<br>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.<br><br>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. |                                                                        |                                                                                                                                                                                                                                                                                                                   |                                               |
| <b>E. COMMENTS (Optional)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | HMDA Information                                                                                                                                                                                                                                                                                                  |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | State: 18                                                                                                                                                                                                                                                                                                         |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | County: 035                                                                                                                                                                                                                                                                                                       |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | MSA/MD: 34620                                                                                                                                                                                                                                                                                                     |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | CT: 0013.00                                                                                                                                                                                                                                                                                                       |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | 18035001300                                                                                                                                                                                                                                                                                                       |                                               |
| <b>LIFE OF LOAN DETERMINATION</b><br>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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | DATE OF DETERMINATION                                                                                                                                                                                                                                                                                             |                                               |
|  ServiceLink National Flood<br>500 E. Border St<br>Third Floor<br>Arlington, TX 76010                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | April 03, 2025                                                                                                                                                                                                                                                                                                    |                                               |
| Phone: 1.800.833.6347<br>Fax: 1.800.662.6347                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | ORDER NUMBER<br>1442607763                                                                                                                                                                                                                                                                                        |                                               |