

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

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

**STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)**

SECTION I - LOAN INFORMATION			
1. LENDER/SERVICER NAME AND ADDRESS  Client1 123 Abc, Thermopolis, WY, Hot Springs - 82442		2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.)  Lender OMS 124 flood Link	
3. LENDER/SERVICER ID #  38476	4. LOAN IDENTIFIER  2342	5. AMOUNT OF FLOOD INSURANCE REQUIRED	
SECTION II			
A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION			
1. NFIP Community Name	2. County(ies)	3. State	4. NFIP Community Number
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")	2. NFIP Map Panel Effective / Revised Date	3. Is there a Letter of Map Change (LOMC)?  <input type="radio"/> NO <input type="radio"/> YES (If yes, and LOMC date/no. is available, enter date and case no. below).	
4. Flood Zone	5. No NFIP Map	Date	Case No.
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 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			
<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			
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)			
Life of Loan Tracking will be performed on this property and is transferable.			
F. PREPARER'S INFORMATION			
NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender) Number: LL-SO-00173			DATE OF DETERMINATION

## PROPERTY OWNER(S) LIEN AFFIDAVIT

LENDER \_\_\_\_\_

OWNER(S) \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

1. The owner(s) listed above is (are) the sole owner(s) of property. Yes\_\_\_\_No\_\_\_\_
2. Title to this residence is held as \_\_\_\_Individual \_ \_\_\_\_Husband and Wife \_\_\_\_Two or More Unrelated Persons.  
(If held as \_\_\_\_Trust \_\_\_\_Land Contract \_\_\_\_Life Estate, refer copy of the Trust, Land Contract, or Life Estate document to underwriting.)

3. Residential Occupancy:

This residence is a one to four family dwelling, and occupied  
as either a vacation home or a principal residence.

Yes\_\_\_\_No\_\_\_\_

4. The only liens against this residence are as follows:

Lender or Other Lien Holder

Balance

First Lien \_\_\_\_\_ \$ \_\_\_\_\_

Second Lien \_\_\_\_\_ \$ \_\_\_\_\_

Other Lien(s) \_\_\_\_\_ \$ \_\_\_\_\_

- 5.

<i>Please initial correct response below:</i>	YES	NO
All real estate taxes and assessments are paid in full.		
This Property is free of State and Federal tax liens.		
This Property is free of judgments.		
<b>Has owner filed bankruptcy in the past 90 days?</b>		
<b>Does this property have a reverse mortgage?</b>		

This Affidavit is given to induce \_\_\_\_\_(Lender)  
to make the loan. We (I) state that the above information is true and complete and understand that any intentional or negligent misrepresentation (s) of the information contained in this Affidavit may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to Lender, its agents, successors and assigns, insurers, and any other person who may suffer any loss in reliance upon any misrepresentations when made in this Affidavit.

Signatures: \_\_\_\_\_

Signature of Owner's Spouse if Not Owner: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_

Notary Public

County of: \_\_\_\_\_ State of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

*Original for Loan File*

*Copy for Borrower*