

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		2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.)	
3. LENDER/SERVICER ID #	4. LOAN IDENTIFIER	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). Date _____ Case No. _____	
4. Flood Zone	5. No NFIP Map		
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			
IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")? <input type="checkbox"/> YES <input 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)			
F. PREPARER'S INFORMATION			
NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender)			DATE OF DETERMINATION

