



VERMILION PARISH POLICE JURY

Courthouse Bldg.
100 N. State St., Suite 200
Abbeville, Louisiana 70510



PH: 337-898-4300 • FAX: 337-898-4310 • www.vermilionparishpolicejury.com

KEVIN SAGRERA
PRESIDENT

DANE HEBERT
VICE PRESIDENT

KEITH ROY
PARISH ADMINISTRATOR

CAROLYN BESSARD
ASST. PARISH ADMINISTRATOR

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DISTRICT 3
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DISTRICT 12
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DISTRICT 13
SANDRUS STELLY

DISTRICT 14
LEON BROUSSARD



October 12, 2018

Current Homeowner

RE: Vermilion Parish Police Jury
Hazard Mitigation Assistance Program for
Severe Repetitive Loss Structures (SRL)
AVAILABLE FUNDING OPPORTUNITY

Dear Current Homeowner:

Your property at the location shown above is on the National Flood Insurance Program's (NFIP) Repetitive Loss (RL) list, being identified by the Federal Emergency Management Agency (FEMA) as having sustained repetitive flooding and has received claims payments on at least two occasions.

The Vermilion Parish Police Jury (VPPJ) has received notice of available funding assistance by FEMA for the mitigation of properties that are identified as SRL properties through the Hazard Mitigation Assistance (HMA) program managed by the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP). You may be eligible for funding under this program for the mitigation of your home to prevent future damage from flooding. Under this program, the funding available from FEMA for eligible project costs is one-hundred percent (100%) of the total project cost with the homeowner being responsible for zero percent (0%) of the total project cost. The two mitigation options available under this program are:

- The elevation of your home to the minimum height of the Base Flood Elevation,
or
- The acquisition of your property by the Vermilion Parish Police Jury.

Our consultant, Sellers & Associates, Inc., will be working with the Parish to assist in gathering the required data from interested homeowners in order to complete a Hazard Mitigation Program funding application. If you are interested in participating in or learning more about this program, please notify Sellers & Associates by **October 24, 2018**. To be included in the Parish's application under this program, you will need to submit all application forms to Sellers & Associates, Inc. by **November 2, 2018** so that your information can be reviewed to determine possible eligibility and feasibility in meeting program requirements. The Repetitive Loss Application Packet is available for download on the Vermilion Parish Police Jury website, vppj.org, or for pick-up in the office. Please choose which mitigation type you wish to participate in and complete the appropriate form by providing the information requested to the best of your ability.

The more complete the information is the better we will be able to determine if your project may be eligible for funding assistance. The applicable forms are as follows:

- *Property Owner Questionnaire* (Acquisition) or *Property Owner Questionnaire* (Elevation)
- *Statement of Voluntary Participation Form* (Acquisition) or *Statement of Voluntary Participation Form* (Elevation)
- *FEMA Form #1* – For Mitigation of Property in a Special Flood Hazard Area with FEMA Grant Funds (to be notarized)
- *FEMA Form #2* – Hazard Mitigation Grant Program Project Information
- *Duplication of Benefits (DOB) Affidavit* – to be notarized. DOB guidance enclosed.

To make you aware of a few items that you may be interested in when considering the program, we have listed below some highlights of the Parish/HMA Program's requirements:

- Primary residences will be given priority over non-primary residences (such as rental properties or camps).
- Projects must prove to be cost-effective, meaning the costs of the project are less than its anticipated benefits. (FEMA and/or the State will perform a benefit-cost analysis based on data submitted in the application and records of documented losses and storm frequencies.)
- For property acquisitions, following the purchase from the homeowner, all improvements must be demolished and the property shall be maintained by the Parish as open space in perpetuity and such shall be a part of the property deed.
- The Parish will not acquire property or require elevation of a residence unless the owners voluntarily agree to participate in the program. Refer to the Voluntary Participation form.
- Total project costs in the funding application will be estimated based on:
- Recent quotes from elevation contractors for similar projects, estimated relocation costs, permit/recording fees, elevation certificate costs, and grant management costs for elevation projects.
- The current value of the home based upon an appraisal (in current dollars) of the property dated after September 13, 2008 or a factored RS Means value of the home, appraisal costs, closing costs (legal), title search and title insurance costs, permit/recording fees, inspection & demolition, and grant management costs for acquisition projects.
- Only HMA-eligible elevation activities will be covered under the grant program. Ineligible activities will be the homeowner's responsibility. A list of eligible and ineligible activities may be requested, but will be provided at a later date.

Other items that are required during the application process are a property plat, pictures of all four sides of your home, and a current flood insurance policy declaration page. If you choose an elevation project type, provide a recent quote from a reputable contractor. If you choose an acquisition project type, provide a recent appraisal of your home or comparables from a Real Estate Agency. Please include copies of these items with the completed application packets to be provided to Sellers & Associates. Your insurance agent can e-mail the current declaration page directly to the e-mail address provided below. Please note that this program is only available to those property owners that have flood insurance coverage at the time of the application period, throughout the project, and agree to keep coverage for the life of the property.

You may either mail your completed Application Packet, as well as the additional information requested, to Ms. Cherie LeCompte, Sellers & Associates, Inc., 148B Easy Street, Lafayette, LA 70506 or email it all to clecompte@sellersandassociates.com and andreac@sellersandassociates.com. **Again, please provide the information to Sellers & Associates, Inc. by November 2, 2018 if you want to be included in the application.**

If you do not wish to participate in this program, please email Cherie, at Sellers & Associates, Inc., so that we will know you have received this information.

We look forward to hearing back from you regarding this funding opportunity. If you have any questions regarding this packet or program, please contact Cherie LeCompte at Sellers & Associates, Inc. at 337-232-0777.

Sincerely,

VERMILION PARISH POLICE JURY



Keith Roy, Parish Administrator

Enclosures

cc: Vermilion Parish OHSEP
Sellers & Associates, Inc.

GOVERNOR'S OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS • HAZARD MITIGATION

For Mitigation of Property in a Special Flood Hazard Area with FEMA Grant Funds

Property Owner _____
Street Address _____
City _____, State _____, Zip Code _____
Deed dated _____, Recorded _____
Tax map _____, Block _____, Parcel _____
Base Flood Elevation at the site is _____ feet (NGVD).
Map Panel Number _____, effective date _____

As a recipient of Federally-funded hazard mitigation assistance under the Hazard Mitigation Grant Program, as authorized by 42 U.S.C. §5170c / Pre-Disaster Mitigation Program, as authorized by 42 U.S.C. §5133 / Flood Mitigation Assistance Program, as authorized by 42 U.S.C. §4104c / Severe Repetitive Loss, as authorized by 42 U.S.C. §4102a, the Property Owner accepts the following conditions:

- 1. That the Property Owner has insured all structures that will not be demolished or relocated out of the SFHA for the above-mentioned property to an amount at least equal to the project cost or to the maximum limit of coverage made available with respect to the particular property, whichever is less, through the National Flood Insurance Program (NFIP), as authorized by 42 U.S.C. §4001 et seq., as long as the Property Owner holds title to the property as required by 42 U.S.C. §4012a.
2. That the Property Owner will maintain all structures on the above-mentioned property in accordance with the flood plain management criteria set forth in Title 44 of the Code of Federal Regulations (CFR) Part 60.3 and City/Parish Ordinance as long as the Property Owner holds title to the property. These criteria include, but are not limited to, the following measures:
i. Enclosed areas below the Base Flood Elevation will only be used for parking of vehicles, limited storage, or access to the building;
ii. All interior walls and floors below the Base Flood Elevation will be unfinished or constructed of flood resistant materials;
iii. No mechanical, electrical, or plumbing devices will be installed below the Base Flood Elevation; and
iv. All enclosed areas below Base Flood Elevation must be equipped with vents permitting the automatic entry and exit of flood water.

For a complete, detailed list of these criteria, see City/Parish Ordinance attached to this document.

- 3. The above conditions are binding for the life of the property. To provide notice to subsequent purchasers of these conditions, the Property Owner agrees that the City/Parish will legally record with the parish or appropriate jurisdiction's land records a notice that includes the name of the current property owner (including book/page reference to record of current title, if readily available), a legal description of the property, and the following notice of flood insurance requirements:

"This property has received Federal hazard mitigation assistance. Federal law requires that flood insurance coverage on this property must be maintained during the life of the property regardless of transfer of ownership of such property. Pursuant to 42 U.S.C. §5154a, failure to maintain flood

insurance on this property may prohibit the owner from receiving Federal disaster assistance with respect to this property in the event of a flood disaster. The Property Owner is also required to maintain this property in accordance with the flood plain management criteria of Title 44 of the Code of Federal Regulations Part 60.3 and City/Parish Ordinance."

- 4. Failure to abide by the above conditions may prohibit the Property Owner and/or any subsequent purchasers from receiving Federal disaster assistance with respect to this property in the event of any future flood disasters. If the above conditions are not met, FEMA may recoup the amount of the grant award with respect to the subject property, and the Property Owner may be liable to repay such amounts.

This Agreement shall be binding upon the respective parties' heirs, successors, personal representatives, and assignees.

THE CITY/PARISH OF _____

A _____ municipal corporation

By: _____
[Name, Title]

Of the City/Parish of _____ and

[Name of Property Owner]

WITNESSED BY:

[Name of Witness]

[SEAL]

Notary Public

HAZARD MITIGATION GRANT PROGRAM
PROJECT INFORMATION

ACQUISITION, ELEVATION & RELOCATION WORKSHEET

PROJECT TYPE: Acquisition Elevation Relocation

A. BUILDING LOCATION:

Street Address _____

City _____ ZIP Code _____ Parish _____

Latitude _____ Longitude _____

B. OWNER INFORMATION:

First Name _____ Last Name _____

Social Security # _____

Spouse First Name _____ Spouse Last Name _____

Spouse's Social Security # _____

Street Address _____

City _____ State _____ Zip Code _____

C. OCCUPANCY TYPE:

Owner Occupied Renter Occupied

D. BUILDING TYPE/INFORMATION:

Manufactured One Story (w/basement) One Story (w/o basement)

Two Story (w/basement) Two Story (w/o basement)

Other (Describe): _____

Construction Type: Wood Frame Masonry

Foundation Type: Slab Piling Pier and Beam

Date Constructed _____ Building Size (Sq. Ft.) _____

Value Per Sq. Ft. \$ _____ Est. Replacement Value \$ _____

Fair Market Value of Building \$ _____ Percent Damaged _____ %

Total Value of Contents \$ _____

Base Flood Elevation (BFE) _____

First Floor Elevation (elevation above sea level) _____ Ft.

Depth of water (Depth of water in structure in inches) _____

Duration of water in structure _____

Number of Stories above Grade _____

Outbuilding(s) (Attached/Detached) _____ Number _____

Sq. Ft. of Building(s) _____ Value of Building(s) \$ _____

Location _____ Type _____ Age _____

E. History of Hazards/Damages (to the Property being acquired):

Current and Past Damages:

F. FLOOD ZONE DESIGNATION:

Building is in a:

Flood Zone Floodway Non-designated Area

ACQUISITION FORMS

**Property Owner Questionnaire for Acquisitions
Severe Repetitive Loss Structure**

Name: _____

Telephone: _____ E-mail: _____

Name: _____

Telephone: _____ E-mail: _____

Property Address: _____

Mailing Address (if different): _____

Occupancy Type: Owner Occupied _____ Renter Occupied _____ Camp _____

Do you have a current appraisal or an appraisal dated after completed repairs from your last flooding event:

Yes No (If yes, please attach a copy of your most recent appraisal, post-disaster.)

To your knowledge, how many times has your damaged property flooded? _____

Did you have flood insurance at the time of the flooding? Yes No

National Flood Insurance Program (NFIP) Information

Policy #: _____

5-digit Company Code: _____

Agent's Name: _____

Telephone: _____

Are you currently participating in another grant mitigation program for the acquisition of your home? If so, what is the name of the program? _____

Is the title of this property in your name? Yes _____ No _____ If no, please provide a list of the names and addresses of all of the property owners of the property on a separate sheet.

Do you have clear title to your property? Yes _____ No _____

Do you have a copy of the title to your property? Yes _____ No _____

Please provide a copy of your Cash Sale and/or Title. If you have a plat or property description of your property, also please provide a copy.

Do you have any liens or outstanding mortgages on your property? Yes _____ No _____

If you have any liens on your property or outstanding mortgages, the proceeds from the sale of your property would first be applied to those debts, including real estate taxes that are due and payable to the date of settlement.

How long have you lived at the property _____ Year(s) _____ Month(s)

To the best of your knowledge, what is the initial construction year of the residence? _____

Building/Construction Type: Wood Frame _____ Brick _____ Manufactured Home _____
Foundation: Slab _____ Piling _____ Pier and Beam _____ Combination _____

What is the total square footage of your residence? _____ How many stories? _____

Are there any outbuildings? Yes _____ No _____ If so, # Detached _____ Or # Attached _____
Sq. Ft. Of Outbuilding(s) _____ Location (relative to house) _____ Use _____

How high was the flood water from the finished floor in your home for the most recent flooding event? _____ How long was the water in the structure? _____

Do you have a Flood Elevation Certificate (FEC) of your property? Yes _____ No _____
If yes, please provide a copy with your Questionnaire. If you do not currently have a Flood Elevation Certificate, one will be required for the application. The cost for a FEC is reimbursable under the program at 100% (federal share), if the project is funded.

If you do not have a FEC, please answer the following 3 questions, if available:

1. Do you know the flood zone designation for your property? If yes, please provide _____
2. Do you know the Base Flood Elevation for your property? If yes, please provide _____
3. Do you know the Finished Floor Elevation of your residence? If yes, please provide _____

If a secondary property, do you have tenants living in this residence? Yes _____ No _____ If yes, please list their name(s) and phone number here: _____

Do you understand that this is a voluntary program and no one can force you to sell your property? Yes _____ No _____

Do you understand that the post-storm (Gustav/Ike/August 2016 Flooding Event) Fair Market Value will be used to determine the selling price of your property? Yes _____ No _____

Do you understand that you are responsible for 0% of the total project cost including planning, project management, legal fees, appraisal costs, title insurance, demolition and the Fair Market Value of your property and that this amount will be deducted from the established Selling Price of your property? Yes _____ No _____

Once the Vermilion Parish Police Jury evaluates the interest of the citizens in the parish and their available funding under the HMA program, they will determine if it is in the parish's best interest to participate in the acquisition of your property through the HMA Grant Program.

This process of property acquisition is a long process and will take some time. It includes the application process, conducting appraisals, waiting for the review and funding approval by FEMA and the State (GOHSEP), conducting closings and demolition of structures.

If you are interested in being included in the Parish's HMA application for property acquisitions, please fill in both pages entirely or to the best of your ability and return to Sellers & Associates, attention Cherie LeCompte, at 148B Easy Street, Lafayette, La. 70506 or by e-mail, clecompte@sellersandassociates.com, no later than October 31, 2018. If an application is submitted on your behalf and you withdraw prior to the property acquisition closing, you will be responsible for any cost incurred to date for the application and associated project management costs. However, you will have the opportunity to withdraw before the application is actually submitted.

Signed: _____

Date: _____

Print Name: _____

Statement of Voluntary Participation (Acquisitions)

THIS AGREEMENT is made and entered into this _____ day of _____, 2018, by and between the Vermilion Parish Police Jury, hereinafter referred to as "Sub-grantee," by its authorized agent, Parish Administrator and _____, hereinafter referred to as "Seller(s)." The parties agree as follows:

Seller(s) affirms that he/she (they) is (are) the owner(s) of property located at _____, _____, Louisiana, hereinafter referred to as "property."

Sub-grantee has notified Seller(s) that the Sub-grantee may wish to purchase property, and, if Seller(s) agrees (agree) to sell, Seller(s) must permanently relocate from property.

Sub-grantee has notified Seller(s) that the current fair market value (FMV) of property will be determined by approved and appropriate valuation procedures and used to establish the selling price of the property.

Sub-grantee has notified Seller(s) that Seller(s) is (are) not required to sell property and Sub-grantee will not use its power of eminent domain for the purpose of this acquisition project to acquire property if Seller(s) chooses (chose) not to sell it.

Sub-grantee has notified Seller(s) that if Seller(s) agrees (agree) to sell property to Sub-grantee, such a transaction is voluntary. Consequently, Seller(s) is (are) not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.

Sub-grantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.

This Agreement shall expire on December 31, 2019, unless Seller(s) has (have) voluntarily sold property to Sub-grantee by that date.

(Printed Name below line)

Date

(Printed Name below line)

Date

PARISH ADMINISTRATOR

Date

ELEVATION FORMS

Property Owner Questionnaire for Elevations Severe Repetitive Loss Structure

Name: _____

Telephone: _____ E-mail: _____

Name: _____

Telephone: _____ E-mail: _____

Property Address: _____

Mailing Address (if different): _____

Occupancy Type: Owner Occupied _____ Renter Occupied _____ Camp _____

To your knowledge, how many times has your damaged property flooded? _____
Did you have flood insurance at the time of the flooding? Yes No

National Flood Insurance Program (NFIP) Information

Policy #: _____

5-digit Company Code: _____

Agent's Name: _____

Telephone: _____

Are you currently participating in another grant mitigation program for the elevation of your home? If so, what is the name of the program? _____

To the best of your knowledge, what is the initial construction year of the residence? _____

Building/Construction Type: Wood _____ Brick _____ Manufactured Home _____

Foundation: Slab _____ Piling _____ Pier and Beam _____ Combination _____

If you have a concrete slab foundation home and you choose to elevate, what is your preferred elevation-type? Full Slab Lift _____ Or Slab Separation Lift _____

Do you have a quote from a licensed contractor? Yes _____ No _____ (If yes, please provide a copy.)

What is the under-roof square footage of your residence? _____ How many stories? _____

Are there any outbuildings? Yes _____ No _____ If so, # Detached _____ Or # Attached _____

Sq. Ft. Of Outbuilding(s) _____ Location (relative to house) _____ Use _____

Does any occupant of the home have a permanent disability in which they will need assistance of a handicap ramp or elevator? Yes _____ No _____

How high was the flood water from the finished floor in your home for the most recent flooding event? _____ How long was the water in the structure? _____

Do you have a Flood Elevation Certificate (FEC) of your property? Yes _____ No _____
If yes, please provide a copy with your Questionnaire. If you do not currently have a Flood Elevation Certificate, one will be required for the application. The cost for a FEC is reimbursable under the program at 100% (federal share), if the project is funded.

If you do not have a FEC, please answer the following 3 questions, if available:

1. Do you know the flood zone designation for your property? If yes, please provide _____
2. Do you know the Base Flood Elevation for your property? If yes, please provide _____
3. Do you know the Finished Floor Elevation of your residence? If yes, please provide _____

Do you understand that this is a voluntary program and no one can force you to elevate your structure? Yes _____ No _____

Do you understand that you are responsible for 0% of the total project cost including planning, project management, permitting, contract recordation fees, relocation costs (if any), eligible storage costs (if any), elevation certificates, and engineering design and elevation of the residence? Yes _____ No _____

Once the Vermilion Parish Police Jury evaluates the interest of the citizens in the parish and their available funding under the HMA program, they will determine if it is in the parish's best interest to participate in the elevation of your property through the Hazard Mitigation Assistance Program.

This process of property mitigation (elevation) is a long process and will take some time. It includes the application process, obtaining elevation quotes, waiting for the review and funding approval by FEMA and the State (GOHSEP), contract processing and design for and elevation of the structure.

If you are interested in being included in the Parish's HMA application for property acquisitions, please fill in both pages entirely or to the best of your ability and return to Sellers & Associates, attention Cherie LeCompte, at 148B Easy Street, Lafayette, La. 70506 or by e-mail, clecompte@sellersandassociates.com, no later than October 31, 2018. If an application is submitted on your behalf and you withdraw prior to the property acquisition closing, you will be responsible for any cost incurred to date for the application and associated project management costs. However, you will have the opportunity to withdraw before the application is actually submitted.

Signed: _____

Date: _____

Print Name: _____

STATEMENT OF VOLUNTARY PARTICIPATION (ELEVATIONS)

THIS AGREEMENT is made and entered into this ____ day of _____, 2018, by and between VERMILION PARISH POLICE JURY, herein referred to as "Sub-grantee", by its authorized agent, Parish Administrator, and _____, herein after referred to as "Property Owner(s)". The parties agree as follows:

1. Property Owner affirms that he/she/they is/are the owner/owners of property located at _____, herein referred to as "property".
2. Sub-grantee has notified Property Owner that Property Owner is not required to elevate property and Sub-grantee will not require the Property Owner to elevate the property for the purpose of this elevation project if Property Owner chooses not to elevate.
3. Sub-grantee has notified Property Owner that if Property Owner agrees to elevate property, such action is voluntary.
4. Sub-grantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be elevated within specific time limits.
5. This Agreement shall expire on December 31, 2019, unless agreed to be extended by both parties.

Property Owner Printed Name

Property Owner Signature

Date

Property Owner Printed Name

Property Owner Signature

Date

Parish Administrator Printed Name

Parish Administrator Signature

Date

HOUSE LIFTERS/MOVERS
WITH CONTRACTORS LICENSE & INSURANCE

Name	Phone Number	Address	LA License #
Louisiana Structural Movers (Devillier House Movers)	(337) 580-3368 (337) 918-6145 (337) 546-0255	PO Box 409 Eunice, LA 70535	#49682
Hayes House Moving & Leveling, LLC	(337) 896-8266	2349 HWY 1252 Carencro, LA 70520	#52783
Patterson Structural Moving & Shoring	1-855-4-A-Raise (504) 450-1756	13040 I-10 Service Road New Orleans, LA 70128	#54355
Scott's House Moving & Leveling, LLC	(337) 886-6720	20409 HWY. 1252 Carencro, LA 70520	#52987
Spell House Leveling Inc	(337) 783-6696	20441 Crowley Eunice Hwy Crowley, LA 70526	#52331
Wingate House Moving Lifting & Leveling LLC	(337) 334-5874	PO Box 865 Rayne, LA 70578	#52124
Roubion Construction Company, LLC	(504) 269-9909	824 Dakin Street Jefferson, LA 70121	#18185
Davie Shoring	(504) 464-4712	3 Veterans Boulevard Kenner, LA 70062	#39771

MEDICAL EXAMINER'S CERTIFICATION OF MOBILITY IMPAIRMENT

I certify that (Name) _____ Birth Date: _____
(Address) _____ Race/Sex: _____
(City/State/Zip code) _____

meets the requirements as outlined in # _____ (shown on reverse side) and qualifies for a mobility impaired license plate/hang-tag. I further understand that willful and false certification shall subject me to fines/imprisonment as outlined in R.S. 47:463.4 (G) (4).

PERMANENTLY IMPAIRED (Applicant has a total or lifelong condition of mobility impairment from which little or no improvement or recovery can reasonably be expected. A medical examiner's certification is required on initial application only).

TEMPORARILY IMPAIRED (Applicant has a temporary condition of mobility impairment from which improvement or recovery can reasonably be expected. Applicant is entitled to a hang-tag which will be valid for one (1) year. A medical examiner's certification is required for renewal of hang-tag).

UNABLE TO APPEAR IN PERSON AT OFFICE OF MOTOR VEHICLES (Applicant must bring facial photo).

Medical Examiner's Signature _____ Date _____
Printed Name of Medical Examiner _____ State License# _____
Address _____ Telephone# _____

TO BE COMPLETED BY MOTOR VEHICLE ANALYST ONLY

VIN _____ Lic. Plate # _____
Hang-tag Control # _____ Hang-tag ID # _____
Date Issued _____ Operator # _____ Office # _____

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF MOTOR VEHICLES

NOTICE

FAILURE TO SUBMIT MEDICAL EXAMINER'S CERTIFICATION OF MOBILITY IMPAIRMENT (SEE REVERSE SIDE FOR MOBILITY IMPAIRED LICENSE PLATE OR HANDICAP HANG-TAG WILL RESULT IN REJECTION AND/OR RETURN OF APPLICATION.

One (1) handicap hang-tag allowed per person. Two (2) mobility impaired license plates allowed per person. HANDICAP HANG-TAGS OR LICENSE PLATE not to be issued/renewed to ANYONE other than the mobility impaired person or designee.

The term, "mobility impaired person," shall include any person who is impaired because of any of the following conditions:

1. Cannot walk two hundred feet without stopping to rest.
2. Cannot walk without the assistance of another person, walker, cane, crutches, braces, prosthetic device, or wheelchair.
3. Is restricted by a lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest.
4. Uses portable oxygen.
5. Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards by the American Heart Association.
6. Has a diagnosed disease or disorder, including a severe arthritic, neurological, or orthopedic impairment, which creates a severe mobility limitation.

Visit our website: www.expresslane.org

Physician's Verification of Disability or Mobility Impairment

Applicant: _____ Date of Birth: _____

Street Address: _____ City, State, Zip: _____

This form is to serve as verification of existing mobility impairment for the above named applicant and certify the necessity of reasonable accommodation, or handicapped access to their home post elevation.

PHYSICIAN CERTIFICATION:

Does the above applicant have a disability-related need for accommodations to access his or her residence once elevated from ground level?

YES

NO

Comments:

I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge.

Signature

Date

Print Name: _____

State License #: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____