

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**APPLICATION FOR PARTICIPATION IN THE NATIONAL FLOOD  
 INSURANCE PROGRAM**

**O.M.B. NO. 1660-0004**  
 Expires March 31, 2011

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 4 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, and Paperwork Reduction Project (1660-0004). **NOTE: Do not send your completed form to this address.**

1. APPLICANT COMMUNITY NAME (City, town, etc.)	DATE

COUNTY, STATE

2. COMMUNITY OFFICIAL - CHIEF EXECUTIVE OFFICER (CEO)	E-MAIL ADDRESS	TELEPHONE NO. (Include area code)

ADDRESS (Street or box no. city, state, zip code)

3. PROGRAM COORDINATOR (Official, if different from above, with overall responsibility for implementing program)	E-MAIL ADDRESS	TELEPHONE NO. (Include area code)

ADDRESS (Street or box no., city, state, zip code)

LOCATION OF COMMUNITY REPOSITORY FOR PUBLIC INSPECTION OF NFIP MAPS

ADDRESS

**5. ESTIMATES FOR THOSE AREAS PRONE TO FLOOD AND/OR MUDSLIDE AS OF THE DATE OF THIS APPLICATION**

AREA IN ACRES	POPULATION	NO. OF 1-4 FAMILYSTRUCTURES	NO. OF ALL OTHER STRUCTURES

**6. ESTIMATES OF TOTALS IN ENTIRE COMMUNITY**

POPULATION	NO. OF 1-4 FAMILYSTRUCTURES	NO. OF ALL OTHER STRUCTURES

**7. FOR FEMA REGIONAL USE ONLY**

1. FEMA REGIONAL OFFICE	2. NAME OF CONTACT	3. TELEPHONE NO.

4. LEVEL OF 44 CFR 60.3 REGULATION ADOPTED (Check one)	5. CHECK APPROPRIATE BOX:
<input type="checkbox"/> 60.3 <input type="checkbox"/> 60.3(b) <input type="checkbox"/> 60.3(c) <input type="checkbox"/> 60.3(d) <input type="checkbox"/> 60.3(e)	<input type="checkbox"/> EMERGENCY PHASE <input type="checkbox"/> REGULAR PHASE

IF REGULAR PROGRAM, SPECIFY FIRM INDEX DATE. IF USING ANOTHER COMMUNITY'S FIRM, GIVE COMMUNITY NAME, CID, FIRM INDEX DATE AND MAP PANEL NUMBER DEPICTING COMMUNITY

**PRIVACY ACT STATEMENT**

**AUTHORITY:** The Federal Records Act, 44 U.S.C. 3101; National Flood Insurance Act of 1968, as amended; and Flood Disaster Protection Act of 1973, 42 U.S.C. 4001, et seq.  
**PRINCIPAL PURPOSE(S):** This information is being collected for the primary purpose of determining eligibility and administration of communities' participation in the Federal Emergency Management Agency's (FEMA) National Flood Insurance Program.  
**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a (b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in Department of Homeland Security/FEMA - 003 National Flood Insurance Program Files System of Records (December 19, 2008, 73 FR 77747) and upon written request, by agreement, or as required by law.  
**DISCLOSURE:** The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the community from participation in FEMA's National Flood Insurance Program.