

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**LOCAL GOVERNMENT RESOLUTION - COLLATERAL SECURITY**

OMB Control Number: 1660-0083  
Expiration: 11/30/2018

**RESOLUTION**

**BE IT RESOLVED BY** \_\_\_\_\_ **OF** \_\_\_\_\_  
*(Governing Body)* *(Public Entity)*

THAT we pledge the following listed collateral security to the Federal Emergency Management Agency (FEMA) on the Promissory Note for a Community Disaster Loan for \$ \_\_\_\_\_ executed on \_\_\_\_\_, 20\_\_\_\_ pursuant to Section 417 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, and FEMA Regulation, 44 CFR 206, Subpart K. We further understand that failure to repay any outstanding principal and related interest on those portions of the loan which do not qualify for loan cancellation as determined by FEMA or any successor agency will result in forfeiture of as much as the listed collateral security as is necessary to collect such outstanding principal and interest. (List the collateral security below. Use additional sheets if needed.)

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*(Name and Title)*

\_\_\_\_\_  
*(Name and Title)*

\_\_\_\_\_  
*(Name and Title)*

**CERTIFICATION**

I, \_\_\_\_\_, duly appointed and \_\_\_\_\_ of \_\_\_\_\_  
*(Title)*

\_\_\_\_\_, do hereby certify that the above is a true and correct copy of a resolution passed and approved by the \_\_\_\_\_ of \_\_\_\_\_  
*(Governing Body)* *(Public Entity)*

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

DATED: \_\_\_\_\_

\_\_\_\_\_  
*(Official Position)* *(Signature)*

[SEAL]

**RECORDED**

I, \_\_\_\_\_, \_\_\_\_\_, a responsible and  
*(Name)* *(Title)*

authorized official of \_\_\_\_\_, do hereby attest that the  
*(Public Entity)*

Collateral Security Resolution which accompanies this form has been duly recorded at \_\_\_\_\_

*(Indicate where Recorded)*

The Collateral Security Resolution was recorded on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

DATED: \_\_\_\_\_

*(Official Position)*

*(Signature)*

[SEAL]

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