

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB Control Number: 1660-0022
Expiration: XX/XX/XXXX

NFIP REPETITIVE LOSS UPDATE FORM

Public reporting burden for this form is estimated to average .5 hours for annual recertification, 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 voluntary benefits. You are not required to respond 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, 500 C Street, S.W., Washington, D.C. 20472, Paperwork Reduction Project (1660-0022). NOTE: Do not send your completed form to this address.

PRIVACY NOTICE

This Privacy Notice serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: FEMA is authorized to collect the information requested on this form pursuant to The National Flood Insurance Reform Act (NFIRA) of 1994 (P.L. 103-325, Sec. 541).

PURPOSE: FEMA is requesting this information to assist in the administration of the Community Rating System (CRS). FEMA will use this information to determine eligibility of a community to participate in the CRS, to facilitate communication between FEMA and communities for floodplain management, and to assist in reducing the flood insurance rates for policyholders within a CRS eligible community. Additionally, FEMA uses the information to maintain a listing of communities participating in the National Flood Insurance Program.

ROUTINE USES: The information requested on this form may be shared externally with floodplain management partners and contractors to assist the Department of Homeland Security in administering the CRS or other floodplain management activities.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information to FEMA is voluntary. However, failure to provide this information may result in FEMA's determination that a community is not eligible to participate in the CRS and in turn reducing potential NFIP flood insurance premium savings. Individuals and communities who do not provide this information may contact Bill Lesser, FIMA CRS Coordinator at FEMA at bill.lesser@FEMA.DHS.gov for further assistance.

THE INFORMATION ON THIS FORM IS BASED ON CLAIMS ON OR BEFORE (Date): _____

REPETITIVE LOSS NUMBER: _____

Internal use only A N/A FRR

NFIP Community Name:

CID#:

Local Property Identifier:

Current Property Address

Previous Property Address/Community ID#:

Last Claimant:

Last Claimant:

Insured:

Yes No

Name Insured:

Date of Losses:

Total Number of Losses for Property:

REQUESTED UPDATES

MARK ALL UPDATES BELOW THAT APPLY (IMPORTANT - SEE INSTRUCTIONS)

1. **INFORMATION PROVIDED NOT SUFFICIENT TO IDENTIFY PROPERTY.**

Choose this update if all attempts to locate the property fail. Please describe the steps you took to locate the property in the comments section below.

2. **COSMETIC CHANGES REQUIRED TO THE ADDRESS.**

Update the address shown above and/or add our local alternative property identifier such as a Tax Assessor #.

3. **PROPERTY NOT IN OUR COMMUNITY OR JURISDICTION.**

Choose this update if you have positively determined that the property shown is not located in your community. Please provide the correct NFIP community name and if known the NFIP community ID Number. If available, please attach a map showing the property location.

ASSIGN TO NFIP COMMUNITY NAME:

NFIP COMMUNITY ID#:

4. **FLOOD PROTECTION PROVIDED.**

Choose this update only if some type of structural intervention has occurred to the building, property or the source of flooding that protects the building from future events similar to those that occurred in the past. The update must be supported by documentation such as an Elevation Certificate and the Mitigation action and funding below must be provided.

(Mitigation Action 1.)

(Source of Primary Mitigation Funding 3.)

(Secondary Source of Funding 3.)

5. **NO BUILDING ON PROPERTY.**

Choose this update only if the property in question can be positively identified as the site of the previously flooded building and documentation is available to support that an insurable building no longer exists at this site. The update must be supported by documentation such as a Demolition or Relocation Permit and the Mitigation action and funding information below must be provided.

(Mitigation Action 1.)

(Source of Primary Mitigation Funding 3.)

(Secondary Source of Funding 3.)

6. **DUPLICATE LISTING WITH RL NUMBER:** _____ **COMBINE AS ONE LISTING.**

Choose this update to identify two or more separate listings that are for the same building. List all other RL numbers that are duplicates to this property. Please indicate which address shown is the correct address to use.

7. **HISTORIC BUILDING.**

Choose this update if you know the building is or would be eligible to be listed on a State or National Historic Registry.

COMMENTS:

A signed RL transmittal sheet must accompany this form for approval of the update!