

DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
 Hermit's Peak/Calf Canyon Claims Office

OMB Control No. 1600-0159
 Expiration Date: XX/XX/20XX

RELEASE AND CERTIFICATION (INDIVIDUAL/HOUSEHOLD) – PARTIAL PAYMENT

I, the undersigned, filed a claim pursuant to the Hermit's Peak/Calf Canyon Fire Assistance Act, Pub. L. No. 117-180, 136 Stat. 2114 (the "Act") for damages resulting from the Hermit's Peak/Calf Canyon Fire (the "Fire") with the Hermit's Peak/Calf Canyon Claims Office (the "Claims Office"). Pursuant to Section 104(d)(2) of the Act and after investigation, the Office determined that I suffered a partial compensable loss on a severable portion of my claim in the amount of \$ _____ for my loss as set forth in the Proof of Loss, I acknowledge that, to the extent that the partial payment represents compensation for actual costs, a partial payment in the amount set forth above fully satisfies all my outstanding claims against the Federal Emergency Management Agency and/or the United States for any damage related to the severable portion of my loss. I agree that the payment is final and conclusive with respect to the severable portion of my injuries that are calculated based on actual costs, and that by accepting partial payment for actual costs in the amount referenced above, I am completely and forever releasing the Federal Emergency Management Agency and the United States from any past, present, and future claims related to that severable portion of my loss. To the extent the partial payment is based on an estimated amount of damages for the loss, if actual costs to repair or replace structures or infrastructure damaged by the Fire and cascading impacts, exceed the amount of the estimated partial payment, I understand that I may include the excess amount in my final Proof of Loss or request to reopen my claim as provided by law.

I understand that by signing this Release and Certification - Partial Payment I reserve the right to continue to pursue other claims under the Act not related to the severable losses identified on the Proof of Loss. I further understand that the decision to provide a partial payment cannot be appealed, but acceptance of a partial payment does not affect my ability to pursue an appeal, arbitration, or other options under the Act with respect to any portion of a claim for which a Release and Certification Form is not executed.

This Release and Certification constitutes the complete agreement of the parties and may only be amended by the written agreement of both myself and the Federal Emergency Management Agency.

I, _____, under penalty of law, hereby proclaim that I am fully authorized to act on behalf of the Claimant regarding all past, present, and future claims relating to the Hermit's Peak/Calf Canyon Fire Assistance Act. I understand that civil and/or criminal penalties may arise pursuant to the False Claims Act, 31 U.S.C. § 3729, et seq., and/or other applicable law for any fraudulent statements or representations made in this regard.

Being a duly authorized and recognized representative and/or agent of the Claimant, I agree on behalf of the Claimant to the terms and acknowledgments contained in this agreement.

I declare under penalty of perjury that the information I have provided regarding claimant's loss is true and correct.

****Note: All individuals who have an ownership in the items being paid under this POL are required to sign this document.****

Signed this _____ day of _____, 202__ Signature: _____

Signed this _____ day of _____, 202__ Signature: _____

Signed this _____ day of _____, 202__ Signature: _____

Signed this _____ day of _____, 202__ Signature: _____

Signed this _____ day of _____, 202__ Signature: _____

Signed this _____ day of _____, 202__ Signature: _____

Printed Name: _____ Date Signed: _____

SSN or TIN: _____ Claim Number: _____ Phone Number: _____

Email Address (Optional): _____