

## Narrative of Changes Table

*The purpose of the Narrative of Changes Table is to demonstrate changes to a collection since the previous approval.*

Collection Title: National Flood Insurance Program Policy Forms

OMB Control No.: 1660-0006

Current Expiration Date: May 31, 2024

Collection Instrument(s): FEMA Form FF-206-FY-21-117 (formerly 086-0-1), Flood Insurance Application

Location	Current version	Proposed Revision	Justification
<b>Page 1, top left column – Billing</b>	FOR RENEWAL, BILL: POLICYHOLDER FIRST MORTGAGEE SECOND MORTGAGEE LOSS PAYEE OTHER (AS SPECIFIED IN THE “2ND MORTGAGEE/OTHER” BOX BELOW)	FOR RENEWAL, BILL: POLICYHOLDER FIRST MORTGAGEE SECOND MORTGAGEE LOSS PAYEE OTHER (AS SPECIFIED IN THE “2ND MORTGAGEE/OTHER” BOX BELOW  <b>(Add as separate last line:)</b> <b>PAYMENT PLAN _____</b>	Added to accommodate ongoing program changes
<b>Page 1, top left column – Policyholder Information</b>	NAME(S) AND MAILING ADDRESS OF POLICYHOLDER(S):  PHONE NO.:	NAME(S) AND PROPERTY ADDRESS: <b>(Add new line/text after mailing address space and before phone no., with checkboxes:)</b>  <b>Is the mailing address the same as the property address?</b> <b>Yes No</b> <b>(If no, enter the mailing address.)</b>	Changed to avoid getting P.O. Box, Route, and General Delivery addresses for the property address instead of the mailing address.
<b>Page 1, top left column – 1<sup>st</sup> Mortgagee</b>	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:  LOAN NO.: _____ -	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:  <b>PHONE NO: _____</b> <b>EMAIL ADDRESS: _____</b> <b>LOAN NO.: _____</b>	Increase ways to reach the mortgagee
<b>Page 1, top right column, Building Location</b>	IS THE PROPERTY LOCATION THE SAME AS THE POLICYHOLDER MAILING ADDRESS? YES NO (IF NO, ENTER PROPERTY ADDRESS AND TYPE.)	<b>Delete this text</b>	Asked under Policyholder Information
<b>Page 1, top right column, Building Location</b>	LATITUDE AND LONGITUDE (OPTIONAL): DATUM: WGS84 NAD83 LATITUDE: _____ LONGITUDE: _____	<b>(Delete datum info)</b>  LATITUDE AND LONGITUDE (OPTIONAL): LATITUDE: _____ LONGITUDE: _____	Datum not needed
<b>Page 1, bottom left, Building Information, 1. Building Occupancy</b>	1. BUILDING OCCUPANCY (CHECK ONE) SINGLE-FAMILY HOME RESIDENTIAL MANUFACTURED/ MOBILE HOME RESIDENTIAL UNIT TWO-TO-FOUR FAMILY BUILDING OTHER RESIDENTIAL BUILDING RESIDENTIAL CONDOMINIUM BUILDING NON-RESIDENTIAL BUILDING NON-RESIDENTIAL MANUFACTURED/	<b>(Delete all checkbox options; make freeform)</b>  1. BUILDING OCCUPANCY: _____	Detailed guidance in current NFIP Flood Insurance Manual at the time of form completion

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<p><b>Page 1, bottom left, Building Information, 2. Building Description</b></p>	<p>MOBILE BUILDING NON-RESIDENTIAL UNIT</p> <p>2. BUILDING DESCRIPTION (CHECK ONE)</p> <p><i>Residential</i> ENTIRE APARTMENT BUILDING APARTMENT UNIT ENTIRE COOPERATIVE BUILDING COOPERATIVE UNIT DETACHED GUEST HOUSE MAIN DWELLING ENTIRE RESIDENTIAL CONDOMINIUM BUILDING RESIDENTIAL CONDOMINIUM UNIT (IN RESIDENTIAL BUILDING) RESIDENTIAL CONDOMINIUM UNIT (IN NON-RESIDENTIAL BUILDING) OTHER DWELLING TYPE:</p> <p><i>Non-Residential</i> AGRICULTURAL BUILDING COMMERCIAL DETACHED GARAGE GOVERNMENT-OWNED HOUSE OF WORSHIP RECREATION BUILDING STORAGE/TOOL SHED OTHER NON-RESIDENTIAL TYPE:</p>	<p>(Delete all checkbox options for Building Description; make freeform)</p> <p>2. BUILDING DESCRIPTION: _____</p>	<p>Detailed guidance in current NFIP Flood Insurance Manual at the time of form completion</p>
<p><b>Page 1, bottom left, second column, Foundation Type</b></p>	<p>3. FOUNDATION TYPE SLAB ON GRADE (Non-Elevated) BASEMENT (Non-Elevated) CRAWLSPACE (Elevated or Non-Elevated Sub-Grade Crawlspace) ELEVATED WITHOUT ENCLOSURE ON POST, PILE, OR PIER ELEVATED WITH ENCLOSURE ON POST, PILE, OR PIER ELEVATED WITH ENCLOSURE NOT ON POST, PILE, OR PIER (Solid Foundation Walls)</p> <p>IS THE ENCLOSURE/CRAWLSPACE CONSTRUCTED WITH PROPER FLOOD OPENINGS OR ENGINEERED OPENINGS? YES NO IF YES, ENTER THE TOTAL NUMBER OF FLOOD OPENINGS _____ TOTAL AREA OF ALL PERMANENT OPENINGS: _____ TOTAL ENCLOSED AREA: _____ SQUARE FEET</p>	<p>(Delete all checkbox options for Foundation Type; make freeform)</p> <p>3. FOUNDATION TYPE: _____</p> <p>(Delete all except the first Yes/No question for Openings; keep Yes/No checkboxes)</p> <p>IS THE ENCLOSURE/CRAWLSPACE CONSTRUCTED WITH PROPER FLOOD OPENINGS OR ENGINEERED OPENINGS? YES NO</p>	<p>Detailed guidance in current NFIP Flood Insurance Manual at the time of form completion</p>
<p><b>Page 1, bottom right, third column, 4. First Floor Height Determination</b></p>	<p>4. FIRST FLOOR HEIGHT DETERMINATION ELEVATION CERTIFICATE (OPTIONAL):</p> <p>ELEVATION CERTIFICATE DATE: ____/____/____ BUILDING DIAGRAM NUMBER: _____</p> <p><i>If Using Section C:</i> LOWEST ADJACENT GRADE (IN FEET): _____ LOWEST FLOOR ELEVATION (IN FEET): _____ FIRST FLOOR HEIGHT (IN FEET): _____</p> <p><i>If Using Section E:</i> FIRST FLOOR HEIGHT (IN FEET): _____ FIRST FLOOR HEIGHT USED (IN FEET): _____ METHOD USED TO DETERMINE FIRST FLOOR HEIGHT: _____</p>	<p>4. ELEVATION INFORMATION (OPTIONAL):</p> <p>BUILDING DIAGRAM NUMBER: _____</p> <p>ELEVATION (IN FEET): _____ LOWEST FLOOR ELEVATION (IN FEET): _____</p> <p>FIRST FLOOR HEIGHT (IN FEET): _____</p>	<p>Detailed guidance in current NFIP Flood Insurance Manual at the time of form completion</p>

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Page 1, bottom right, third column, 5. Building Characteristics	CONSTRUCTION TYPE: FRAME MASONRY OTHER:	<b>(Delete checkbox options; make freeform)</b> CONSTRUCTION TYPE: _____	Greater flexibility to accommodate diversity of construction types
Page 1, bottom right, fourth column, 5. Building Characteristics	NUMBER OF DETACHED STRUCTURES ON PROPERTY: _____	<b>Delete</b>	No longer needed
Page 2, top left, Coverage, Discounts, and Deductibles	COVERAGES AND DEDUCTIBLES  SFIP Form: Dwelling General Property RCBAP  Amount of Insurance: Building \$ _____ Contents \$ _____  Deductible: _____ Building \$ _____ Contents \$ _____  Rate Category: Rating Engine Provisional Rate	COVERAGES AND DEDUCTIBLES  SFIP Form _____ Endorsement _____  Amount of Insurance: Building \$ _____ Contents \$ _____ Deductible: _____ Building \$ _____ Contents \$ _____  Rate Category: _____ Payment Amount: \$ _____	Greater flexibility to accommodate ongoing program changes
Page 2, top right, Coverage, Discounts, and Deductibles	<b>DISCOUNTS</b> Did the applicant have a prior NFIP policy for the building that received a Newly Mapped discount and lapsed? Yes No If yes, did the lapse occur for a valid reason? Yes No Is the property eligible for the Newly Mapped discount? Yes No  Did the applicant have a prior NFIP policy for the building that received a Pre-FIRM discount and lapsed? Yes No If yes, did the lapse occur for a valid reason? Yes No	<b>DISCOUNTS</b> Did the applicant have a prior NFIP policy for the building that received a Newly Mapped discount and lapsed? Yes No If yes, did the lapse occur for a valid reason? Yes No <b>(delete third Newly Mapped question only)</b>  Did the applicant have a prior NFIP policy for the building that received a Pre-FIRM discount and lapsed? Yes No If yes, did the lapse occur for a valid reason? Yes No	Not needed
Page 2, box under Signature, Total Amount Due	Box COMPONENTS OF THE TOTAL AMOUNT DUE	<b>Delete entire box and TOTAL AMOUNT DUE side title</b>	Information is not collected from users; provided to them on their Policy Declarations page.