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

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	OTHER RESIDENTIAL BUILDING RESIDENTIAL CONDOMINIUM BUILDING NON-RESIDENTIAL BUILDING NON-RESIDENTIAL MANUFACTURED/ MOBILE BUILDING NON-RESIDENTIAL UNIT		
Page 1, bottom left, Building Information, 2. Building Description	2. BUILDING DESCRIPTION (CHECK ONE) *Residential* 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: *Non-Residential* AGRICULTURAL BUILDING COMMERCIAL DETACHED GARAGE GOVERNMENT-OWNED HOUSE OF WORSHIP RECREATION BUILDING STORAGE/TOOL SHED OTHER NON-RESIDENTIAL TYPE:	(Delete all checkbox options for Building Description; make freeform) 2. BUILDING DESCRIPTION: _____	Detailed guidance in current NFIP Flood Insurance Manual at the time of form completion
Page 1, bottom left, second column, Foundation Type	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) 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	(Delete all checkbox options for Foundation Type; make freeform) 3. FOUNDATION TYPE: _____ (Delete all except the first Yes/No question for Openings; keep Yes/No checkboxes) IS THE ENCLOSURE/CRAWLSPACE CONSTRUCTED WITH PROPER FLOOD OPENINGS OR ENGINEERED OPENINGS? YES NO	Detailed guidance in current NFIP Flood Insurance Manual at the time of form completion
Page 1, bottom right, third column, 4. First Floor Height Determination	4. FIRST FLOOR HEIGHT DETERMINATION ELEVATION CERTIFICATE (OPTIONAL): ELEVATION CERTIFICATE DATE: / / BUILDING DIAGRAM NUMBER: _____ *If Using Section C:* LOWEST ADJACENT GRADE (IN FEET):	4. ELEVATION INFORMATION (OPTIONAL): BUILDING DIAGRAM NUMBER: _____ ELEVATION (IN FEET): _____ LOWEST FLOOR ELEVATION (IN FEET): _____ FIRST FLOOR HEIGHT (IN FEET): _____	Detailed guidance in current NFIP Flood Insurance Manual at the time of form completion

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	LOWEST FLOOR ELEVATION (IN FEET): FIRST FLOOR HEIGHT (IN FEET): *If Using Section E:* FIRST FLOOR HEIGHT (IN FEET): FIRST FLOOR HEIGHT USED (IN FEET): METHOD USED TO DETERMINE FIRST FLOOR HEIGHT:		
Page 1, bottom right, third column, 5. Building Characteristics	CONSTRUCTION TYPE: FRAME MASONRY OTHER:	(Delete checkbox options; make freeform) 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: _____	Delete	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	**DISCOUNTS** 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	**DISCOUNTS** 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 (delete third Newly Mapped question only) 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	Delete entire box and TOTAL AMOUNT DUE side title	Information is not collected from users; provided to them on their Policy Declarations page.