



## Opt-Out Form for Optional Items

Applicant ID: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Damaged Property Address: \_\_\_\_\_

Please complete this form if you previously opted-in, but now do not plan to implement one or more of these optional items listed below.

**PART A** – To be filled out by all applicants opting-out of one or more item.

I have decided not to implement one or more of the following measures which I previously opted-in to implement:

- \_\_\_\_ Elevation of building
- \_\_\_\_ Bulkhead repair / replacement
- \_\_\_\_ Elevation of electrical systems and components
- \_\_\_\_ Installation of roof strapping
- \_\_\_\_ Installation of backflow valves
- \_\_\_\_ Installation of flood vents
- \_\_\_\_ Securing of fuel tanks
- \_\_\_\_ Use of flood resistant building materials below base flood elevation  
(retrofits to be limited in scope to be cost effective)

I DID \_\_\_\_\_ or I DID NOT \_\_\_\_\_ (check one) receive design advance funds for one or more of the optional items that I previously opted-in for but am not choosing not to implement.

If you did receive design advance funds:

I DO \_\_\_\_\_ or I DO NOT \_\_\_\_\_ (check one) choose to return the design advance funds previously awarded to me to pay the design professional for these optional items that I no longer intend to implement.

**If you checked I DO NOT choose to return design advance funds, please fill out Part B of this form.**

**Signature line for those not retaining design funds for items they choose not to implement:**

I acknowledge that the information contained in Part A of this form is complete and accurate:

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Opt-Out Form

Applicant: \_\_\_\_\_

Application ID: #: \_\_\_\_\_

**PART B** – To be filled out by all applicants who choose not to return design advance funds previously awarded.

**I UNDERSTAND THAT IF THE DESIGN ADVANCE FUNDS ARE NOT RETURNED TO THE NY RISING PROGRAM, AND I LIVE IN THE 100-YEAR FLOOD PLAIN, I AM OBLIGATED TO MAINTAIN FLOOD INSURANCE ON THE PROPERTY IN PERPETUITY.**

I understand and agree that if I do not return the design advance funds received previously received, I am required to return any design advance funds previously awarded to me which exceed the actual design expenses I incurred. I further understand that I must submit receipts and documentation of payments for the design expenses actually incurred, and I have attached such documentation to this form.

I acknowledge that the information contained in Part A and Part B of this form is complete and accurate:

I \_\_\_\_\_, owner of the above listed property, certify that design work indicated above has been completed, and I no longer wish to perform the optional mitigation measures listed above.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Opt-Out Form**

Applicant \_\_\_\_\_

Application ID: #: \_\_\_\_\_