



HRRP Applicant Program Documents

Hurricane Irma Housing Repair and Replacement Program Guidelines Addendum

August 17, 2022

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Document 1: I Speak Card

REBUILD FLORIDA

LANGUAGE IDENTIFICATION CARD

Instructions: Place a check by the language spoken.



Arabic	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	<input type="checkbox"/>
Armenian	Խոսողո՞ւմ ե՞նք նշո՞ւմ կատարե՞ք այս քառակուսու՞մ, եթե խոսո՞ւմ կա՞մ կարողո՞ւմ եք հայերեն:	<input type="checkbox"/>
Bengali	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	<input type="checkbox"/>
Cambodian	ល្អប្រសើរណាស់ប្រសិនបើ ប្រើអ្នកអាច ឬនិយាយភាសា ខ្មែរ ។	<input type="checkbox"/>
Chamorro	Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	<input type="checkbox"/>
Simplified Chinese	如果你能读中文或讲中文，请选择此框。	<input type="checkbox"/>
Traditional Chinese	如果你能讀中文或講中文，請選擇此框。	<input type="checkbox"/>
Croatian	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	<input type="checkbox"/>
Czech	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	<input type="checkbox"/>
Dutch	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	<input type="checkbox"/>
English	Mark this box if you read or speak English.	<input type="checkbox"/>
Farsi	اگر خواندن و نوشتن فارسي بلد هستید، این مربع را علامت بزنید.	<input type="checkbox"/>
French	Cocher ici si vous lisez ou parlez le français.	<input type="checkbox"/>
German	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	<input type="checkbox"/>
Greek	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	<input type="checkbox"/>
Haitian Creole	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	<input type="checkbox"/>
Hindi	अगर आप हिन्दी बोलत या पढ सकत है तो इस बक्स पर चिह्न लगाए।	<input type="checkbox"/>
Hmong	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	<input type="checkbox"/>
Hungarian	Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	<input type="checkbox"/>
Ilocano	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	<input type="checkbox"/>

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LANGUAGE IDENTIFICATION CARD

Instructions: Place a check by the language spoken.




Italian	Marchi questa casella se legge o parla italiano.	<input type="checkbox"/>
Japanese	日本語を読んだり、話せる場合はここに印を付けてください。	<input type="checkbox"/>
Korean	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	<input type="checkbox"/>
Laotian	ໄຕ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ .	<input type="checkbox"/>
Polish	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	<input type="checkbox"/>
Portuguese	Assinale este quadrado se você lê ou fala português.	<input type="checkbox"/>
Romanian	Însemnați această căsuță dacă citiți sau vorbiți românește.	<input type="checkbox"/>
Russian	Пометьте этот квадратик, если вы читаете или говорите по-русски.	<input type="checkbox"/>
Serbian	Обележите овај квадратик уколико читате или говорите српски језик.	<input type="checkbox"/>
Slovak	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	<input type="checkbox"/>
Spanish	Marque esta casilla si lee o habla español.	<input type="checkbox"/>
Tagalog	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	<input type="checkbox"/>
Thai	โปรดกาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	<input type="checkbox"/>
Tongan	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	<input type="checkbox"/>
Ukrainian	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	<input type="checkbox"/>
Urdu	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	<input type="checkbox"/>
Vietnamese	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	<input type="checkbox"/>
Yiddish	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	<input type="checkbox"/>

Source: Language Identification Flashcard - 2004 Census Test
 U.S. Census Bureau, Economics and Statistics Administration,
 U.S. Department of Commerce
www.lep.gov/ISpeakCards2004.pdf




Document 2: Application Document Checklist




Housing Repair and Replacement Program

Application Document Checklist

Single-Family and Owner-Occupied Housing



Valid Photo I.D. and Proof of Citizenship or Lawful Permanent Resident for Applicant



- REAL ID compliant Driver's License or Identification Card; OR
- U.S. Birth Certificate with Government Issued Photo ID; OR
- U.S. Passport; OR
- Resident Alien Card (Green Card) or Certificate of Naturalization with Government Issued Photo ID.

Income Documentation for All Adult Household Members (18+)

- Most recent tax returns (IRS 1040, 1040A or 1040EZ) signed and submitted, OR
- Documents of Income:
 - Salary/Wage: Last 3 months of pay stubs OR signed statement from employer stating wage and frequency of payment.
 - Benefits: Social security or disability, retirement, SSA, TANF, pension or annuity current letter of benefits (should include benefit amount).
 - Unemployment Income: current letter of benefits or printouts (should include benefit amount).

Proof of All Insurance Covering the Damaged Property

If an applicant had homeowner and or flood insurance at the time of Hurricane Irma, he/she must provide a copy of the claim summary (outlining structural payments vs. contents) including the date of the claim, applicant name, damaged residence address and net claim amount.

- Homeowner's Insurance Policy Number
- Flood Insurance Policy Number
 - If an applicant is located within a Special Flood Hazard Area (SFHA) and at any time has received federal disaster relief assistance that was conditioned on the person first having obtained flood insurance under applicable federal law, then proof of flood insurance obtained after receipt of Federal disaster relief assistance and a copy of the applicant's current proof of flood insurance will be required.

Proof of Ownership

Stick-Built Structures

Proof of ownership must be at the time of Hurricane Irma (September 10, 2017) and have maintained ownership to date.

- Copy of 2017 Property Tax Record (must have proof of payment/tax records)

If we are unable to verify ownership per the 2017 tax rolls, you will be required to provide one (1) of the following:

- Warranty Deed
- Fee Simple Title
- Life Estate/Trusts
- 99-year leasehold interest as lessee
- Court Order/Judgement
- Proof of mortgage - (Can only be used in conjunction with other ownership documents - must be dated at the time of the storm)
- Act of Donation

Manufactured/Mobile Home Structures


Proof of structure ownership must be at the time of Hurricane Irma (September 10, 2017) and have maintained ownership to date.

- Copy of 2017 Property Tax Record (must have proof of payment/tax records)

If we are unable to verify ownership per the 2017 tax rolls (must have homestead exemption and state Mobile Home improvement or Manufactured House), you will be required to provide one (1) of the following:

- Certificate of title
- Bill of sale
- Registration certificate
- Cash deed (with 3rd party verification dated prior to Hurricane Irma event)

www.RebuildFlorida.gov



844-833-1010



Housing Repair and Replacement Program Application Document Checklist

Single-Family and Owner-Occupied Housing



Additional Required Documentation
(If applicable)

- Households with children under the age of 18 must submit:
 - Birth certificate, U.S. Passport or State-issued ID for at least one child
- If a household member is disabled, provide one (1) of the following:
 - Social Security Disability Statement
 - Letter from doctor stating applicant qualifies as disabled
 - Verification of Disability Form (see Rebuild Florida Intake Specialist for form)
 - Disability exemption on homesteaded property per Florida Statute 196.101
- Applicant's Power of Attorney documentation

Proof of Damage and Benefit Information
(Provide all that apply)

- Insurance claim information
- FEMA award letter
- SBA award letter
- Certification of damage

Certifications and Authorizations

- Consent and Release of Personal Information Form
- Fraud Acknowledgement Regarding False or Misleading Statements Certification
- Right of Entry (ROE) Permit Form

Helpful Information:

- This list comprises documents necessary to complete your application.
- After your initial application is submitted, a Rebuild Florida Intake Specialist will advise you of any additional required documentation.
- Translation services are available through the Rebuild Florida Customer Center (844-833-1010) and at Rebuild Florida Centers (check www.rebuildflorida.gov for locations).
- Questions can be sent to RebuildFlorida@mydeo.myflorida.gov
- All records must be from August or September 2017, the month preceding or in which Hurricane Irma occurred, and must match the name and damaged property address on the application.
- All information provided to the program will be verified.
- For additional program information and updates, visit www.RebuildFlorida.gov

Information subject to change. Last revised: June 24th, 2019.

www.RebuildFlorida.gov



844-833-1010



Housing Repair and Replacement Program Application Document Checklist



Small Rental Housing
(Non-owner-occupied rental properties with four units or less)



Valid Photo I.D. and Proof of Citizenship or Lawful Permanent Resident for Applicant

- REAL ID compliant Driver's License or Identification Card; OR
- U.S. Birth Certificate with Government Issued Photo ID; OR
- U.S. Passport; OR
- Resident Alien Card (Green Card) or Certificate of Naturalization with Government Issued Photo ID

If applicable, Property Associations or Public Housing Authorities must provide

- Board or agency resolution authorizing application submittal and signatory authorization of representative
- If applicable, Property Association By-Laws

Tenant Specific Information

- Tenant rental/lease agreements currently in effect for all occupied units.
 - Valid photo I.D. and Proof of Citizenship or Lawful Permanent Resident for each tenant listed on the rental/lease agreements (REAL ID, U.S. Birth Certificate with Government Issued Photo ID, U.S. Passport, Resident Alien Card (Green Card) or Certificate of Naturalization with Government Issued Photo ID)
- If applicable, households with tenants displaced from Puerto Rico or the U.S. Virgin Islands who are permanently resettling in Florida, provide Government issued identification along with documentation with tenant name and former mailing address in either Puerto Rico or the U.S. Virgin Islands (e.g. Utility bill (electric, water, trash, cable, landline phone, etc.), bank statement, voter ID card).
- If applicable, households with children under the age of 18:
 - Birth certificate, U.S. Passport or State-issued ID for at least one child
- If applicable, disabled household member, provide one (1) of the following:
 - Social Security Disability Statement, Letter from doctor stating applicant qualifies as disabled, Verification of Disability Form

Proof of Ownership

Stick-Built Structures

Proof of ownership must be at the time of Hurricane Irma (September 10, 2017) and have maintained ownership to date.

- Copy of 2017 Property Tax Record (must have proof of payment/tax records)

If we are unable to verify ownership per the 2017 tax rolls, you will be required to provide one (1) of the following:

- Warranty Deed
- Fee Simple Title
- Life Estate/Trusts
- 99-year leasehold interest as lessee
- Court Order/Judgement
- Proof of mortgage - (Can only be used in conjunction with other ownership documents - must be dated at the time of the storm)
- Act of Donation

Manufactured/Mobile Home Structures

Proof of structure ownership must be at the time of Hurricane Irma (September 10, 2017) and have maintained ownership to date.

- Copy of 2017 Property Tax Record (must have proof of payment/tax records)

If we are unable to verify ownership per the 2017 tax rolls (must state Mobile Home improvement or Manufactured House), you will be required to provide one (1) of the following:

- Certificate of title
- Bill of sale
- Registration certificate
- Cash deed (with 3rd party verification dated prior to Hurricane Irma event)

If structure is located on non-owned land (IE: leased), applicant must submit proof that any program-provided replacement structure can be installed on the non-owned land.

Current on all Loan Obligations

- Copy of most recent mortgage or loan statement





Housing Repair and Replacement Program Application Document Checklist

Small Rental Housing
(Non-owner-occupied rental properties with four units or less)



Income Documentation for All Tenant Occupied Units

(To be completed by each Tenant Head of Household)

- Household Survey Form for each occupied unit; AND
- Most recent tax returns (IRS 1040, 1040A or 1040EZ) signed and submitted; OR
- Documents of Income:
 - Salary/Wage: Last 3 months of pay stubs OR signed statement from employer stating wage and frequency of payment
 - Benefits: Social security or disability, retirement, SSA, TANF, pension, or annuity current letter of benefits (should include benefit amount)
 - Unemployment Income: current letter of benefits or printouts (should include benefit amount)

Proof of Damage and Benefit Information
(Provide all that apply)

- Insurance claim information
- FEMA award letter
- SBA award letter
- Certification of damage

Certifications and Authorizations

- Consent and Release of Personal Information Form
- Fraud Acknowledgement Regarding False or Misleading Statements Certification
- Right of Entry (ROE) Permit Form
- If applicable, Replacement Certification from Landlord/Property Owner for replacement structures on non-owned land

Proof of All Insurance Covering the Damaged Property

If an applicant had hazard (fire, wind, etc.) and or flood insurance at the time of Hurricane Irma, he/she must provide a copy of the claim summary (outlining structural payments vs. contents) including the date of the claim, applicant name, damaged residence address, and net claim amount.

- Hazard Insurance Policy Number
- Flood Insurance Policy Number

Helpful Information:

- This list comprises documents necessary to complete your application.
- After your initial application is submitted, a Rebuild Florida Intake Specialist will advise you of any additional required documentation.
- Translation services are available through the Rebuild Florida Centers (Open Monday – Saturday 9am-5pm).
- Questions can be sent to RebuildFlorida@deo.myflorida.gov
- All records must be from August or September 2017, the month preceding or in which Hurricane Irma occurred and must match the name and damaged property address on the application.
- All information provided to the program will be verified.
- For additional program information and updates, visit www.RebuildFlorida.gov

Information subject to change. Last revised: October 1, 2019.

www.RebuildFlorida.gov



844-833-1010



- Revenue collection and enforcement or child support enforcement personnel of Department of Revenue or local governments [§ 119.071(4)(d)2.a.]
- Nonsworn investigative personnel of the Department of Financial Services [§ 119.071(4)(d)2.b.]
- Nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations [§ 119.071(4)(d)2.c.]
- Firefighter certified in compliance with s. 633.408 [§119.071(4)(d)2.d.] Only currently certified are eligible
- Judge or Justice [§119.071(4)(d)2.e.]
- State attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor [§119.071(4)(d)2.f.]
- General magistrate, special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings [§119.071(4)(d)2.g.]
- Human resource, labor relation, or employee relations director, assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties [§119.071(4)(d)2.h.]
- Code enforcement officer [§119.071(4)(d)2.i.]
- Guardian ad litem as defined in s. 39.820 [§119.071(4)(d)2.j.]
- Specified employees of the Department of Juvenile Justice [§119.071(4)(d)2.k.]
- Public defender, assistant public defender, criminal conflict or civil regional counsel, or assistant criminal conflict or civil regional counsel [§119.071(4)(d)2.l.]
- Investigator or inspector of the Department of Business and Professional Regulation [§119.071(4)(d)2.m.]
- County tax collector [§119.071(4)(d)2.n.]
- Specified personnel of the Department of Health [§119.071(4)(d)2.o.]
- Impaired practitioner consultants retained by an agency [§119.071(4)(d)2.p.]
- Emergency medical technicians and paramedics certified under Chapter 401 [§119.071(4)(d)2.q.]
- Employees in an agency's office of inspector general or internal audit department [§119.071(4)(d)2.r.]
- Specified addiction treatment facility personnel [§119.071(4)(d)2.s.]
- Specified child advocacy center personnel [§119.071(4)(d)2.t.]
- U.S. Attorney, U.S. Judge, U.S. Magistrate [§119.071(5)(a)(1)]*
- Service members who served after September 11, 2001 [§119.071(5)(k)(1)]*

* For specific category selected, person certifies, by signature herein, that he or she has made reasonable efforts to protect information from being publicly accessible.

Signature

Signature of Spouse (if applicable)

Click or tap here to enter text.
Printed Name

Click or tap here to enter text.
Printed Name

Click or tap to enter a date.
Date

Click or tap to enter a date.
Date



Document 4: Self-Certification of Repairs Form



SELF-CERTIFICATION OF REPAIRS FORM

Application ID#: _____

Applicants to the Rebuild Florida Housing Repair and Replacement Program ("Program") who used his or her Duplication of Benefit(s) (DOB) towards eligible repairs of the damaged property can request a DOB offset. A review of receipts of DOB funds spent after the date of the storm (September 10, 2017) and before the damage assessment inspection can be used to offset DOB, and decrease the amount of DOB that is applied to the repair award amount. In order to obtain a receipt review, applicants must provide evidence of all repairs and corresponding proof of payment. If an applicant only has partial receipts/proof of payment or has no receipts/proof of payment, the program can use the Completed Repairs Estimate report to document the repairs completed and estimate dollars spent.

EXAMPLES OF ELIGIBLE ITEMS

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • Essential appliances (e.g. Refrigerator, Stove/Oven, Dishwasher, Water Heater) • Cabinetry • Cleaning • Demolition • Doors • Drywall • Electrical | <ul style="list-style-type: none"> • Equipment rental • Flooring • Foundation • HVAC • Insulation • Lighting • Mold remediation • Painting • Permits | <ul style="list-style-type: none"> • Plumbing • Plumbing fixtures • Roofing • Shutters • Siding • Skylights • Stairs • Trim • Windows |
|---|---|--|

EXAMPLES OF INELIGIBLE ITEMS

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Food, clothing, household goods • Non-essential appliances (e.g. Microwave, Washer, Dryer) • Alarm/security systems | <ul style="list-style-type: none"> • Fences or sheds • Landscaping • Day labor paid by cash with no receipt | <ul style="list-style-type: none"> • Tools • Flatbed trailers • Insurance premiums • Swimming pools/hot tubs, saunas |
|---|--|--|

SELF-CERTIFICATION FOR REPAIRS MADE TO THE DAMAGED PROPERTY

- I have all copies of repair receipts and proof of payments.
 ➤ *Must complete page 2 and attach legible copies of all receipts and proof of payments.*
- I only have partial repair receipts/proof of payment or I do not have any copies of repair receipts and proof of payments.
 ➤ *Must complete page 2 with self-certified statement(s) and estimated repair totals only. Do not attach any copies of receipts or proof of payments.*

SIGNATURE(S):

Applicant Signature	Date	Co-Applicant Signature	Date
Applicant Printed Name		Co-Applicant Printed Name	





COST OF REPAIRS				
#	Date of Repair/Receipt	Store or Contractor Name/Self-Certified Statement	Eligible Item(s) Total	Proof of Payment
1			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
6			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
7			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
8			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
9			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
10			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
11			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
12			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
13			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
14			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
15			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
16			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
17			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
18			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
19			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
20			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Request a Supplemental Sheet if more lines are needed.

TOTAL* \$

Comments:

*Include Supplemental Sheet amount, if applicable.



Document 5: Notice of Informal Appeal Form



RebuildFlorida.gov
844-833-1010

**FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY
REBUILD FLORIDA HOUSING REPAIR AND REPLACEMENT PROGRAM
NOTICE OF INFORMAL APPEAL**

Applicant ID #	
Property Owner Name	
Damaged Property Street Address	
City, State, Zip Code	
Mailing Address (if Different)	
Phone Number	
Email Address	

Informal Appeal Request: Please accept my request for an informal appeal to the Rebuild Florida Housing Repair and Replacement Program. I would like the Department to review my case regarding the following:

- _____ Denial of application based on eligibility requirements
- _____ Denial of application based on damage assessment
- _____ Denial of application based on environmental review
- _____ Other (please specify): _____

Attached/Uploaded are the following documents supporting my reason for appeal (if applicable)

Note: Informal appeals must be filed within 30 calendar days from the date of the eligibility determination letter. The date of filing will be based on the postmark or, if faxed, the date the informal appeal is date-stamped received by DEO. Informal appeals should be emailed to: CDBG-DRAppeals@deo.myflorida.com or submit by postal mail to the following address:

Attention: Office of Disaster Recovery, Appeals Lead
Florida Department of Economic Opportunity
Division of Community Development
107 East Madison Street
Caldwell Building, MSC 160
Tallahassee, FL 32399

Homeowner Signature

Date



Florida Department of Economic Opportunity | Caldwell Building |
107 E. Madison Street | Tallahassee, FL 32399
850.245.7105 | www.FloridaJobs.org
www.twitter.com/FLDEO | www.facebook.com/FLDEO

An equal opportunity employer/program. Auxiliary aids and service are available upon request to Individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TTD equipment via the Florida Relay Service at 711.



Document 6: Know Before You Close Flyer



RebuildFlorida.gov
844-833-1010

KNOW BEFORE YOU CLOSE



1

REVIEW YOUR AWARD CAREFULLY

Rebuild Florida informal appeals must be filed **BEFORE** you sign your Grant Agreement at closing. All Informal Appeals must be submitted in writing within 30 calendar days of the date of the eligibility determination letter and notice to appeal. Once the appeal hearing is complete, a decision on the Informal Appeal result will be distributed. Any person whose substantial interests are affected by Rebuild Florida's determination has the opportunity for an administrative hearing with the Division of Administrative Hearings pursuant to section 120.569, Florida Statutes. More information about the appeals process is available on the Rebuild Florida website: rebuildflorida.gov

During the application process, you verified that you still own the damaged property and have not transferred it or received notices of default or seizure related to taxes, mortgage, or title prior to receiving a grant award. Additionally, Rebuild Florida requires you to maintain ownership throughout the entirety of your participation in the program.

2

DUPLICATION OF BENEFITS

The Robert T. Stafford Disaster Relief and Emergency Assistance Act prohibits any person from receiving federal disaster assistance funds for the same purpose as funds previously received. Duplication of Benefits (DOB) is defined as any funds available and/or received from the Federal Emergency Management Agency (FEMA), insurance (private or National Flood Insurance Program [NFIP]), Small Business Association (SBA) or any other funding source that was intended for home repair or replacement.

You were required to certify that all DOB sources have been reported during the application process. This will be reviewed during the eligibility verification, prior to the execution of the Grant Agreement and again prior to the closeout of the file. By accepting the award, you agree that you will report any duplicative funds to the program whenever received and you will sign a Subrogation Agreement. If you receive additional funds prior to closeout, the program will recalculate your award and provide instructions whether the award will be reduced by such amount, or whether you must remit such amounts to the program as reimbursement.

EXAMPLE GRANT CALCULATION	
Eligible Repair Costs	\$95,000
Duplication of Benefits	
• FEMA assistance for structural repairs	\$20,000
• Private Insurance for structural repairs	\$35,000
Total Duplication of Benefits	\$55,000
Maximum Eligible Grant Award	\$40,000

3

DOB GAP FUNDING (IF APPLICABLE)

If you received or were approved for funding from other sources (such as FEMA or SBA) to repair your storm-damaged home, federal law requires Rebuild Florida to deduct these funds from your award to prevent a DOB. The amount of duplicative funding that cannot be included in your award is known as a DOB Gap. If you have a DOB Gap, you must send DOB Gap Funds to Rebuild Florida to be deposited into a state-managed account. Your project will not move into the construction phase until the DOB Gap Funds have been received, deposited and cleared by the program. These funds are combined with the program grant funds to ensure the repair/reconstruction project is fully funded and complete. All DOB Gap Funding will be spent first, prior to use of program funds. Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

All DOB Gap Funds must be paid by a cashier's check or money order and made payable to the Rebuild Florida Housing Repair and Replacement Program. You **MUST** include your Application ID on the memo of the certified check for tracking and routing purposes. You may hand deliver your DOB Gap Funds to any Intake Center OR you may mail it to: Rebuild Florida Housing Repair and Replacement Program, Attn: DOB Gap Funding, 124 Marriott Drive, Suite 105, Tallahassee, Florida 32301.



4

FLOOD INSURANCE REQUIREMENTS

If your structure is located in a Special Flood Hazard Area, you will be required to maintain adequate structural flood insurance at ALL times. Per the National Flood Insurance Reform Act of 1994, failure to maintain flood insurance on the damaged property will make you ineligible for future federal disaster recovery assistance.

If you have flood insurance, you must submit proof of flood insurance or a letter of declination (if unit is uninsurable because of disrepair) before signing your Grant Award Agreement. The policy amount should be the lesser of either: a) The full insurable value of the structure as determined by the applicable property insurer, or b) The maximum amount available for the structure under the National Flood Insurance Program, or a successor program. The full insurable value of the structure will be based upon the Program's total project cost for the Applicant.

Rebuild Florida will pay for one year of flood insurance if you currently do not have flood insurance and did not received prior federal assistance. You are responsible for obtaining, paying and maintaining all flood insurance premiums after the first year.

- If your property is located in a 100-year floodplain, you will be required to maintain flood insurance in perpetuity and notify future owners of flood insurance requirements.

DOCUMENTS THAT MAY BE REQUIRED AT CLOSING

- Government-Issued ID for Proof of Lawful Presence
- Updated Income Information (if 12 months has elapsed since verification)
- Proof of Current Flood Insurance if an existing policy is already in place (applicants in Flood Zone)
- Tenant/URA Survey (Identify the need for GIN and "Move-In" Notices) (if applicable)
- DOB Gap Funding Check
- Power of Attorney (if applicable)
- Completion of Program Forms

5

CITIZENSHIP REQUIREMENT

Federal grant funding may only be provided to citizens or individuals lawfully present in the United States. Only citizens and qualified aliens (e.g. legal permanent residents, refugees) are eligible to receive assistance under the Program. An alien who is not a "qualified alien" as defined by the Personal Responsibility and Work Opportunity Reconciliation Act ("PRWORA") of 1996 is not eligible for any "federal public benefit." Citizenship status will be verified at closing.

6

CONSTRUCTION

Rebuild Florida has developed a Scope of Work Estimate (SWE) based on the damages observed during the Program inspection of your home. The SWE is valued based on economy/standard grade materials and industry-standard labor costs. All items in the SWE must be completed. If you do not agree to the economy/standard grade materials (all or part), then you may withdraw from the Program. The Program does not allow partial acceptance of the award.

After closing, a Rebuild Florida approved contractor will coordinate with you to begin construction. If your local jurisdiction or municipality has issued a Substantial Damage Letter (SDL), or a Substantial Improvement Letter (SIL) for your home, you are required per the SDL or SIL to bring your home into compliance with Florida building code, which may include elevation, reconstruction or demolition of your home. You must provide a copy of your SDL or SIL (if applicable) to the Program before you sign your grant agreement. Failure to disclose this information could result in your ineligibility for the grant and/or recapture of previously disbursed federal funds.

If the SWE requires you to vacate your home during construction, you will be expected to move all personal property out of your home on or before the date specified in your contractor agreement. If any tenants are displaced, they will be provided relocation benefits pursuant to the Uniform Relocation Act (URA) and all associate requirements, restrictions and/or waivers outlined in the governing Federal Register Notice(s), federal guidance and the URA itself.

A Substantial Completion Inspection conducted by the Program is the final inspection to guarantee that all work has been satisfactorily completed according to the appropriate state and local codes and standards. It further confirms that work has been accepted by all appropriate building code enforcement and third-party inspectors, and that the home meets all Program standards. A lead based paint clearance examination (if applicable) must be completed, as well as proof of flood insurance and/or proper elevation (if applicable) must be documented in order to closeout your application.

7

GREEN BUILDING STANDARDS

The repairs to non-substantially damaged homes will comply to the extent possible with the HUD CPD Green Building Retrofit Checklist. All substantial improvement, reconstruction or new construction must meet an industry-recognized standard that has achieved certification under at least one of the following programs: (1) ENERGY STAR (Certified Homes or Multifamily High-Rise), (2) EPA Indoor Air Plus (Energy Star a prerequisite), (3) LEED (New Construction, Homes, Midrise, Existing Buildings Operations and Maintenance, or Neighborhood Development), or (4) ICC-700 National Green Building Standard.

Document 7: Know Before You Appeal Flyer



RebuildFlorida.gov
844-833-1010

KNOW BEFORE YOU APPEAL

OVERVIEW

The Rebuild Florida Housing Repair and Replacement program provides applicants with an opportunity to appeal program decisions. You are eligible to appeal only after you have received an official determination regarding your eligibility status and corresponding grant award (if applicable), and before you have signed your grant agreement.

- Applicants must submit their appeals in writing within 30 calendar days from the date on their grant or eligibility determination letter.
- The appeals team only applies current program policies and cannot reach outside those current policies to make a decision.

PREPARING TO APPEAL

As the applicant, it is your responsibility to support your case. This means choosing a very specific reason for the appeal, providing all supporting documentation at the time the appeal is submitted and ensuring the appeals team has everything needed to do a thorough review. The appeals team is not responsible for collecting or requesting missing or additional information.

You can appeal for the following reasons.

REASON	EXAMPLES
Denial of my application based on eligibility requirements	Ownership, Occupancy, Damage Level, Flood Insurance Non-Compliance, etc.
Denial of my application based on my structure type	Apartments, Detached Structures, Portions of Residential Structures Dedicated to Home Businesses, etc.
The amount of my award for rehabilitation, elevation, or reconstruction of my home	Low-to-Moderate Income (LMI) Status (Income/household size), Escrow/Homeowner Responsibility, SBA, FEMA, Private Insurance, NFIP, Other DOB Funds
Requirement to rebuild my home	Estimated Cost of Repairs, Scope of Work
Other	Ineligible Prior to Application Submission, Ineligible Due to Non-Responsiveness

PROCESS OVERVIEW

Most appeal decisions will be made within 30 calendar days following your appeals hearing and an appeal determination letter will be mailed to you via mail. If represented by an attorney, the appeal determination letter will be mailed to your attorney. The appeal determination letter explains the decision of the appeals team and provides instruction for next steps.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Applicant receives official determination regarding their eligibility status.	Applicant files an appeal with supporting documentation within 30 calendar days from the date of the award or eligibility determination letter.	Appeals team reviews entire file along with new submitted documents and conducts a telephonic hearing with the applicant.	Appeals team renders a decision within 30 calendar days following the appeals hearing.	If the applicant disagrees with the decision of the appeals team, they can file an appeal with the Division of Administrative Hearings.



Document 8: Reconstruction Expectations Flyer



RebuildFlorida.gov
844-833-1010

RECONSTRUCTION EXPECTATIONS

OVERVIEW

The Rebuild Florida Housing Repair and Replacement Program launched in September 2018 to assist low-income homeowners whose homes were still damaged from Hurricane Irma. If the demolition of a home is recommended, the Rebuild Florida Housing Repair and Replacement Program provides homeowners with an option to reconstruct and replace their Hurricane Irma-damaged home with a newly constructed residential structure based on a design determined by Rebuild Florida. A homeowner may be eligible for reconstruction if they find themselves in any of the following situations:

1. The Hurricane Irma-damaged home was demolished or unsafe to enter at the time of the damage assessment;
2. Local jurisdiction issued a condemnation letter or substantial damage letter; or
3. The relative percentage of the program scope of work estimate was greater than or equal to 75% of the residential valuation report.

THINGS YOU NEED TO KNOW

- All new construction designs are based on a standard set of pre-approved construction offered by the program.
- The finishes of the new construction design are economy/standard grade materials.
- Demolition costs of the Hurricane Irma damaged structure is eligible.
- Duplication of Benefits may be offset if previously received funding was applied to the completion of program-approved repairs.
- If applicable, any remaining Duplication of Benefits that was not offset (known as DOB Gap Funds) must be paid by the applicant prior to signing the Homeowner Grant Agreement.
- The homeowner will have 30 days from the Homeowner Grant Agreement execution to vacate the property and move all personal belongings into storage. Failure by the homeowner to vacate the property within the 30-day period will result in the closure of the application and reassignment of the homeowner benefit to the next beneficiary. Exceptions may be made on a case-by-case basis.
- The homeowner must secure or relocate all personal property until construction is complete. The homeowner is responsible for the movement, storage and security of all property and personal belongings. The program will provide one temporary on-site storage unit for homeowner's use.
- The homeowner will be notified to terminate utilities (if applicable) prior to the contractor starting construction activities.
- All debris, abandoned vehicles and structures that pose a safety and/or health threat as determined by the local jurisdiction or person qualified to make such a determination, must be removed from the property prior to the start of construction. Homeowners must remove damaged personal property within or around the property.
- The homeowner will agree not to transfer ownership of the property or any interest in the property whether voluntarily or involuntarily, until the rehabilitation, reconstruction or replacement has been completed.
- If the damaged structure is in a Special Flood Hazard Area, homeowner will be required to obtain and maintain flood insurance in perpetuity. Rebuild Florida will pay for one year of flood insurance if a homeowner currently does not have flood insurance and did not receive prior federal assistance. Homeowners are responsible for obtaining, paying and maintaining all flood insurance premiums after the first year. Per the National Flood Insurance Reform Act of 1994, failure to maintain flood insurance on the damaged property will make you ineligible for future federal disaster recovery assistance.

By signing below, I certify that I acknowledge my obligation to comply with the above-mentioned reconstruction expectations and agree to proceed with my Reconstruction Benefit Determination.

Print Name _____

Application ID# _____

Signature _____

Date _____

Note: This completed form must be submitted to your Intake Specialist prior to construction drawings and contractor bid.



Document 9: Co-Owner Consent to Demo Form

CO-OWNER CONSENT TO DEMOLITION & RECONSTRUCTION



Applicant Name _____

Application ID# _____

Co-Applicant Name _____

Damaged Property Address _____

The above-named Applicant(s) of the Rebuild Florida Housing Repair and Replacement Program (the "Program"), has/have applied for assistance in the form of a grant award for the demolition and reconstruction of the Damaged Property (the "Damaged Property") listed on this consent form. The construction and demolition work that may be performed will be managed by the State of Florida, through the Department of Economic Opportunity (DEO). Construction services will be performed by a qualified General Contractor and/or its subcontractors procured by DEO.

In addition to the named program applicant, the undersigned individual(s) has/have an ownership interest in the Damaged Property and hereby provides their consent to the demolition of the Damaged Property (if not already demolished) and construction of a new home in accordance with the Program policies and procedures. The undersigned individuals acknowledge and agree that the State of Florida, its contractors, its General Contractors and the Applicant(s) are expressly relying on the consents and representations made herein, and the undersigned shall be estopped from, and forever waives and relinquished their right, to any claim for damages or injury whatsoever arising out of or related to the demolition of the co-owned Damaged Property.

The undersigned acknowledges he/she is not party to any contract with the State of Florida or the Program or the General Contractor(s) and agrees that any rights that may exist relating to the grant award or the reconstruction of the new home belong only to the Applicant(s) as provided for in the Program policies and procedures and may only be asserted by the Applicant(s).

Co-Owner Signature (1)	Date	Co-Owner Signature (2)	Date
Co-Owner Printed Name		Co-Owner Printed Name	
Co-Owner Signature (3)	Date	Co-Owner Signature (4)	Date
Co-Owner Printed Name		Co-Owner Printed Name	
Co-Owner Signature (5)	Date	Co-Owner Signature (6)	Date
Co-Owner Printed Name		Co-Owner Printed Name	



Page 1 of 1

As of 04/10/20 v0
Co-Owner Consent

Document 10: Missing Documents Letter



RebuildFlorida.gov
844-833-1010

Month DD, YYYY

Account ID: App ID#

Applicant First Last Name

Mailing Address

City, State ZIP

Dear Applicant First Name,

Thank you for starting your application with the Rebuild Florida Housing Repair and Replacement Program. We have identified supporting documentation needed from you to determine program eligibility in accordance with program rules and regulations. In order for the program to move your file forward, we need your support to provide us with the following documentation:

Name of Document

Name of Document

Please submit the above requested information to your Rebuild Florida representative via email or USPS mail **within thirty calendar days** of the date of this letter to prevent your application from moving to inactive status. If you have any questions, contact your Rebuild Florida Representative or call our call center at 844-833-1010 Monday through Friday from 9 am to 5 pm. Thank you for your attention to this matter. We look forward to assisting you further.

Intake Specialist First Last Name

Rebuild Florida Representative

(###) ###-####

Enclosed: Application Document Checklist

Requested documentation must include your Rebuild Florida account ID number in your response and may be submitted via any of the following methods of communication:

Email

first.last@rebuildflorida.gov

Mail

Rebuild Florida Program
ATTN: Missing Documents
124 Marriot Drive, Ste. 202
Tallahassee, FL 32301



Florida Department of Economic Opportunity | Caldwell Building
107 E. Madison Street | Tallahassee, FL 32399
www.FloridaJobs.org
www.twitter.com/FLDEO
www.facebook.com/FLDEO



An equal opportunity employer/program. Auxiliary aids and service are available upon request to Individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TTD equipment via the Florida Relay Service at 711.

Document 11: DOB Gap Funding Deadline Letter



RebuildFlorida.gov
844-833-1010

[Insert Name]
[Mailing Street]
[Mailing City, Mailing State Mailing Zip]

[Insert Date]
[Insert ID]

Dear [First Name]:

Thank you for being a participant in the Rebuild Florida Housing Repair and Replacement Program.

The Robert T. Stafford Disaster Assistance and Emergency Relief Act (Stafford Act) prevents Rebuild Florida from creating a Duplication of Benefits (DOB), meaning that any previous funds received must be deducted from any award. A DOB, outlined in the Rebuild Florida Program Guidelines, will occur if Rebuild Florida provides any funding to a property owner for the same purpose that previous financial or in-kind assistance was provided to the property owner for the repair, replacement or reconstruction of his or her home.

A Homeowner Grant Agreement must be executed, and all required DOB Gap Funds must be submitted prior to construction beginning on your project. DOB Gap Funds have not been received at this time. If you would like to remain enrolled in the Rebuild Florida Program, please contact your Case Manager to obtain instructions detailing DOB Gap Funds submission within 60 days of the date of this letter to prevent your application from moving into inactive status.

Our Rebuild Florida centers are open Monday through Friday from 9 a.m. to 5 p.m. and our locations across the state are listed below:

DUNAL COUNTY

303 E. Adams St. Jacksonville, FL

ORANGE COUNTY

6101 Chancellor Dr. Ste 300-B Orlando, FL

BROWARD COUNTY

2080 W. Oakland Park Blvd. Ft. Lauderdale, FL

LEE COUNTY

2295 Victoria Ave. Ft. Myers, FL

MONROE COUNTY

2795 Cheemaas Hwy Ste 219-A Marietta, FL

MIAMI-DADE COUNTY

6405 NW 36th St. Miami, FL

Our Rebuild Florida call center can be reached at **844-833-1010** Monday through Friday from 9 a.m. to 5 p.m.



Florida Department of Economic Opportunity | Caldwell Building |
107 E. Madison Street | Tallahassee, FL 32309
850.245.7105 | www.floridajobs.org
www.twintr.com/FLDEO | www.facebook.com/FLDEO

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TTD equipment via the Florida Relay Service at 711.



Document 12: Inactive Status Warning Letter



RebuildFlorida.gov
844-833-1010

[Date]

[Applicant Name]
[Mailing Address]
[City, State Zip]

Dear [First Name],

Thank you for your interest in the Rebuild Florida program. We have attempted to contact you to notify you that additional information is required to process your application or to attempt to schedule an inspection on your property. This letter is an additional attempt to make contact with you so that we can move your application forward and assist you in your recovery.

Please reach out to your Rebuild Florida representative, visit a Rebuild Florida center, or call the Rebuild Florida call center at 844-833-1010 within 30 days of the date of this correspondence in order to keep your file in active status. If we do not hear back from you within this time period, we will move your file into inactive status.

Our Rebuild Florida centers are open Monday through Friday from 9 a.m. to 5 p.m., by appointment only, and our locations across the state are listed below, for your reference:

DUAL COUNTY

303 E. Adams St. Jacksonville, FL

ORANGE COUNTY

6101 Chancellor Dr. Ste 100-B Orlando, FL

BROWARD COUNTY

2080 W. Oakland Park Blvd. Ft. Lauderdale, FL

LEE COUNTY

2295 Victoria Ave. Ft. Myers, FL

MONROE COUNTY

2795 Deereaux Hwy Ste 219-A Monticello, FL

Our Rebuild Florida call center can be reached at **844-833-1010** Monday through Friday from 9 a.m. to 5 p.m.

Thank you for your timely consideration. We look forward to assisting you further.

The Rebuild Florida Team



Florida Department of Economic Opportunity | Caldwell Building
| 167 E. Madison Street | Tallahassee, FL 32399
www.FloridaJobs.org
www.twitter.com/FLODEO
www.facebook.com/FLODEO

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice tele phone numbers on this document may be reached by persons using TTY/TTD equipment via the Florida Relay Service at 711.



Document 13: Association Consent for Repairs Form



RebuildFlorida.gov
844-833-1010

Applicant ID _____

ASSOCIATION CONSENT FOR REPAIRS

Owners of condominiums (condos), townhomes, and other structures with common areas and shared walls or other shared structural components may apply for repairs under the Housing Repair and Replacement Program (HRRP). However, if these structures are governed by a condo association, co-op board, homeowner association, or other such organization (hereafter referred to as "Association") that are responsible for the common areas and components of the entire condo, co-op, or townhome, the homeowner must provide Association consent. The completion of this form is considered such consent.

Name of homeowner _____

Address of damaged unit: _____
Street Address

_____ *City* *ST* *ZIP*

Name of Association _____

Address of Association _____
Street Address

_____ *City* *ST* *ZIP*

By signing below, the Association representative gives their consent for the repair outlined in the provided Scope of Work, detailing what repairs are to be made by Rebuild Florida program contractors to the damaged unit at the address above.

Printed name of representative *Position title*

Signature of representative *Date*



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[www.twitter.com/FLDEO](https://twitter.com/FLDEO) | www.facebook.com/FLDEO

An equal opportunity employer/program. Auxiliary aids and service are available upon request to Individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TTD equipment via the Florida Relay Service at 711.



Document 14: Verification of Disability Form



VERIFICATION OF DISABILITY FORM
(For purposes of determining Program Prioritization)

Applicant Name	Application Number
Name of Household Member with Disability (If different than Applicant)	Date

The Applicant is seeking assistance in the Rebuild Florida Housing Repair and Replacement Program (Program). The Program prioritizes assistance to individuals who meet the US Department of Housing and Urban Development (HUD) definitions of “elderly” and / or federal definitions of “disability”. See Page 2 for acceptable definitions of “disability”.

Under Program rules, an individual claiming a disability may prove their disability status using one of three methods: 1) presentation of a mobility card, 2) presentation of proof of SSDI benefits, or 3) presentation of a Disability Verification Form. The Applicant or household member, named above asserts that he/she has a disability which prioritizes the household for Program Assistance.

INSTRUCTIONS: This section must be completed by a professional licensed by the state to diagnose and treat the disability. Acceptable qualified sources include: physicians, state licensed psychologists or psychiatrists. All information provided by a licensed state professional will be used solely to establish disability status. Program administration may not ask about the nature of an individual’s disability, and the licensed state professional should not disclose specific details of any disability or diagnosis.

VERIFICATION OF DISABILITY:

It is my professional opinion that the above-named individual asserting disability **DOES / DOES NOT** meet the definition of disability set forth in this Verification. *(Please circle application option)*

Name & Title of Licensed Professional	Agency/Organization
Professional License/Credentials Number	Address
Phone Number	City, State, ZIP Code
Signature of licensed Professional	Date



Document 15: Repair Reasonable Accommodation Request Form



REPAIR REASONABLE ACCOMMODATION REQUEST FORM HEALTHCARE PROFESSIONAL VERIFICATION

Date: _____

Applicant ID: _____

APPLICANT INFORMATION	
Name:	
Damaged Address:	
Name of Person in Household Claiming Disability:	
HEALTHCARE PROFESSIONAL INFORMATION	
Agency/Organization:	
Name:	
Title:	License #:
Address:	
Phone:	Email:

INSTRUCTIONS
Applicants are requested to return this form to the Rebuild Florida Housing Repair and Replacement Program during application to confirm that a 3rd party healthcare provider has verified that accessibility features are necessary to accommodate the circumstances of the applicant or other person claiming disability/special needs named above. Any person inhabiting the residential unit who is physically disabled may be eligible to receive reasonable accommodations if it is verified that the accommodations are necessary to afford the individual an equal opportunity to use and enjoy his/ her residential unit.

Reference the enclosed repair accessibility accommodations sheet that specifies construction accommodations to provide for a physically disabled individual's long-term needs.

HEALTHCARE PROVIDER VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

I have reviewed and made recommendations on the accompanying repair accessibility accommodations sheet. It is my professional opinion that the above-named individual asserting disability DOES / DOES NOT require accessibility features as defined in the repair accessibility accommodations sheet.

Signature of Licensed Healthcare Professional

Date

Healthcare Provider Comments:







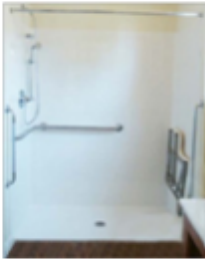
REPAIR ACCESSIBILITY ACCOMODATIONS SHEET

Completed by a licensed healthcare provider

Applicant ID: _____

Depending on the disabled applicant or household member’s needs and the ability of the program to accommodate special construction within the home, the following options will be considered by the Rebuild Florida Program.

By default, applicant will receive a Standard Tub/Shower without grab bars unless this sheet specifies otherwise. Please review the reasonable accommodation (RA) bath style options* and mark the single best option that assists the physically disabled person.

<input type="checkbox"/> RA-1 Standard tub/shower with blocking and grab bars. 	<input type="checkbox"/> RA-2 Accessible tub/shower with grab bars, fold-up seat, shower wand.  NOTE: RA-2 includes roll-under vanity	<input type="checkbox"/> RA-3 Accessible roll-in shower with grab bars, fold-up seat, and shower wand.  NOTE: RA-3 includes roll-under vanity	<input type="checkbox"/> N/A Standard Tub/Shower
---	---	--	--

*Final design, color, or layout of amenities may vary from bath style options shown above.

By default, the RA selection marked above will be installed in the Master Bathroom. If applicant needs the RA selection installed in a different bathroom, please mark the box to the right.	<input type="checkbox"/> RA selection to be installed in the following bathroom: _____
Notes: All standard and RA selected bathrooms will have toilet seats that are elevated to ADA standards.	

Additional Accommodations (Mark only the options that apply):

<input type="checkbox"/> Entrance Ramp	<input type="checkbox"/> Accessible Kitchen	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Hearing Impaired
--	---	--	---

Provide any additional special accommodations that may apply:



Document 16: Reconstruction or Replacement Reasonable Accommodation Request Form



RECONSTRUCTION OR REPLACEMENT REASONABLE ACCOMMODATION REQUEST FORM HEALTHCARE PROFESSIONAL VERIFICATION

Date: _____

Applicant ID: _____

APPLICANT INFORMATION	
Name:	
Damaged Address:	
Name of Person in Household Claiming Disability:	
HEALTHCARE PROFESSIONAL INFORMATION	
Agency/Organization:	
Name:	
Title:	License #:
Address:	
Phone:	Email:

INSTRUCTIONS
Applicants are requested to return this form to the Rebuild Florida Housing Repair and Replacement Program during application to confirm that a 3rd party healthcare provider has verified that accessibility features are necessary to accommodate the circumstances of the applicant or other person claiming disability/special needs named above. Any person inhabiting the residential unit who is physically disabled may be eligible to receive reasonable accommodations if it is verified that the accommodations are necessary to afford the individual an equal opportunity to use and enjoy his/ her residential unit.

Reference the enclosed reconstruction or replacement standard accessibility accommodations sheet that specifies the program's list of standard accessibility features to provide for a physically disabled individual's long-term needs.

HEALTHCARE PROVIDER VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

It is my professional opinion that the above-named individual asserting disability DOES / DOES NOT require accessibility features as defined in the reconstruction or replacement standard accessibility accommodations sheet.

Signature of Licensed Healthcare Professional Date

Healthcare Provider Comments:





RECONSTRUCTION OR REPLACEMENT STANDARD ACCESSIBILITY ACCOMODATIONS SHEET

The following list of standard reasonable accommodation accessibility features are offered by the Rebuild Florida Program for stick-built reconstruction benefit assistance.

1. Doors
 - a. 36" wide doors with minimum 32" clearance
 - b. Adjusted door swings
 - c. All door handles, pulls, latches, locks and other operating devices shall be installed 34 inches (864 mm) minimum and 48 inches (1219 mm) maximum above the finished floor.
2. Accessibility
 - a. Ramp at entrance for all houses from 0'-0" to 5'-0" above grade.
 - b. Vertical Platform Lift for all houses from 5'-0" above grade and higher.
3. Hallways designed to have minimum 36" clearance.
4. Bathroom (only 1 per structure)
 - a. 60" turning radius
 - b. Roll-in shower with grab bars
 - c. Roll-under vanity
 - d. Toilet seat at 17" to 19" from base
 - e. Grab bars around toilet
5. Kitchen
 - a. Accessible cooktop
 - b. Accessible sink
6. Electrical
 - a. All outlets to be installed above minimum 15" from FFE
 - b. All light switches, thermostat, controls, shall be installed at height minimum 36" from FFE and maximum 48" from FFE.

Note: Under no circumstances can any changes be made to the above-mentioned accessibility features on reconstruction prototypes.

The following list of standard reasonable accommodation accessibility features are offered by the Rebuild Florida Program for mobile home unit (MHU) and modular home replacement benefit assistance.

1. One wheelchair accessible bathroom including:
 - a. Low threshold shower with one grab bar.
 - b. Comfort height toilet with one grab bar.
 - c. 36" door with outward swing pattern.
2. One bedroom with 36" door with outward swing pattern.
3. Exterior ramp up to six feet in vertical height.
4. Exterior lift when elevation height is required above six feet.

Note: Under no circumstances can any changes be made to the above-mentioned accessibility features on replacement MHUs or modular homes.



Document 17: RAR Repair Confirmation Letter



RebuildFlorida.gov
844-833-1010

Date

Account ID: App ID#

Applicant First Last Name
Mailing Address
City, State ZIP

Dear **First Name**,

Thank you for your application with the Rebuild Florida Housing Repair and Replacement Program. We have received your reasonable accommodation request and approve accessibility accommodations offered by the program for your **Repair Benefit Assistance**. Your Scope of Work Estimate (SWE) will reflect the approved accessibility items to afford the individual in need an equal opportunity to use and enjoy his or her residential unit.

If you have any questions, contact your Rebuild Florida Representative or call our call center at 844-833-1010 Monday through Friday from 9 am to 5 pm.

We look forward to assisting you further.

The Rebuild Florida Program



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www.FloridaJobs.org
www.twitter.com/FLDEO
www.facebook.com/FLDEO



An equal opportunity employer/program. Auxiliary aids and service are available upon request to Individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TTD equipment via the Florida Relay Service at 711.

Document 18: RAR Replacement Confirmation Letter



RebuildFlorida.gov
844-833-1010

Date

Account ID: App ID#

Applicant First Last Name
Mailing Address
City, State ZIP

Dear **First Name**,

Thank you for your application with the Rebuild Florida Housing Repair and Replacement Program. We have received your reasonable accommodation request and approve the accessibility accommodations offered by the program for your **Replacement Benefit Assistance**. Your prototype design will include the following standard accessibility features necessary to afford the individual in need an equal opportunity to use and enjoy his or her residential unit:

1. One wheelchair accessible bathroom including:
 - a. Low threshold shower with one grab bar.
 - b. Comfort height toilet with one grab bar.
 - c. 36" door with outward swing pattern.
2. One bedroom with 36" door with outward swing pattern.
3. Exterior ramp up to six feet in vertical height.
4. Exterior lift when elevation height is required above six feet.

Note: Under no circumstances can any changes be made to the above-mentioned accessibility features on replacement MHUs or modular homes.

If you have any questions, contact your Rebuild Florida Representative or call our call center at 844-833-1010 Monday through Friday from 9 am to 5 pm.

We look forward to assisting you further.

The Rebuild Florida Program



Florida Department of Economic Opportunity | Caldwell Building
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Document 19: RAR Reconstruction Confirmation Letter



RebuildFlorida.gov
844-833-1010

Date

Account ID: App ID#

Applicant First Last Name
Mailing Address
City, State ZIP

Dear **First Name**,

Thank you for your application with the Rebuild Florida Housing Repair and Replacement Program. We have received your reasonable accommodation request and approve the accessibility accommodations offered by the program for your **Reconstruction Benefit Assistance**. Your prototype design will include the following standard accessibility features necessary to afford the individual in need an equal opportunity to use and enjoy his or her residential unit:

1. Doors
 - a. 36" wide doors with minimum 32" clearance
 - b. Adjusted door swings
 - c. All door handles, pulls, latches, locks and other operating devices shall be installed 34 inches (864 mm) minimum and 48 inches (1219 mm) maximum above the finished floor.
2. Accessibility
 - a. Ramp at entrance for all houses from 0'-0" to 5'-0" above grade.
 - b. Vertical Platform Lift for all houses from 5'-0" above grade and higher.
3. Hallways designed to have minimum 36" clearance.
4. Bathroom (only 1 per structure)
 - a. 60" turning radius
 - b. Roll-in shower with grab bars
 - c. Roll-under vanity
 - d. Toilet seat at 17" to 19" from base
 - e. Grab bars around toilet
5. Kitchen
 - a. Accessible cooktop
 - b. Accessible sink



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6. Electrical

- a. All outlets to be installed above minimum 15" from FFE
- b. All light switches, thermostat, controls, shall be installed at height minimum 36" from FFE and maximum 48" from FFE.

Note: Under no circumstances can any changes be made to the above-mentioned accessibility features on reconstruction prototypes.

If you have any questions, contact your Rebuild Florida Representative or call our call center at 844-833-1010 Monday through Friday from 9 am to 5 pm.

We look forward to assisting you further.

The Rebuild Florida Program



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Document 20: Reconstruction Benefit Determination Letter



RebuildFlorida.gov
844-833-1010

MMMM DD, YYYY

Dear [Applicant First Name]:

Rebuild Florida will repair, reconstruct, or replace Hurricane-Irma damaged properties for qualified homeowners and rental property owners. Your application has been reviewed and your property has been assessed as part of the process to determine the benefit that you will receive. We have determined that your property is eligible for Reconstruction because the cost to repair your home to program standards exceeds 75% of the cost it would take to reconstruct a new home.

The next step in the Housing Repair and Replacement Program (HRRP) process will be the program assignment of a construction contractor to work on your property and program determination of your final grant amount. We will notify you when this has been completed and contact you to schedule a meeting to sign a grant agreement. You will obtain your assigned contractor's contact information, along with information about the project and timeline at the time you execute your grant agreement.

If you have received previous disaster assistance to repair Hurricane Irma damages, Rebuild Florida must take these funds into account when your final grant amount is determined. Any previous assistance that cannot be documented as having been spent on the repair of your structure or on another eligible use will be assessed as a Duplication of Benefits. If Duplication of Benefits are assessed, this could result in a requirement that you contribute funding to complete the repair, reconstruction or replacement of your property. If applicable, you will be required to submit this funding at the time you execute your grant agreement. These funds will be held in an escrow account for your benefit. Rebuild Florida will use your escrowed funds to pay for your project before paying any grant funds on your behalf.

If you disagree with the benefit that you are offered, you may appeal the decision or withdraw from the program. We have included the Rebuild Florida appeals procedures as an attachment to this letter should you wish to appeal.



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Document 21: Rehabilitation Benefit Letter



RebuildFlorida.gov

844-833-1010

MMMM DD, YYYY

Dear [Applicant First Name]:

Rebuild Florida will repair, reconstruct, or replace Hurricane-Irma damaged properties for qualified homeowners and rental property owners. Your application has been reviewed and your property has been assessed as part of the process to determine the benefit that you will receive. We have determined that your property is eligible for **Rehabilitation** because **the cost of eligible repairs is reasonable under program guidelines**.

The next step in the Housing Repair and Replacement Program (HRRP) process will be the program assignment of a construction contractor to work on your property and program determination of your final grant amount. We will notify you when this has been completed and contact you to schedule a meeting to sign a grant agreement. You will obtain your assigned contractor's contact information, along with information about the project and timeline at the time you execute your grant agreement.

If you have received previous disaster assistance to repair Hurricane Irma damages, Rebuild Florida must take these funds into account when your final grant amount is determined. Any previous assistance that cannot be documented as having been spent on the repair of your structure or on another eligible use will be assessed as a Duplication of Benefits. If Duplication of Benefits are assessed, this could result in a requirement that you contribute funding to complete the repair, reconstruction or replacement of your property. If applicable, you will be required to submit this funding at the time you execute your grant agreement. These funds will be held in an escrow account for your benefit. Rebuild Florida will use your escrowed funds to pay for your project before paying any grant funds on your behalf.

If you disagree with the benefit that you are offered, you may appeal the decision or withdraw from the program. We have included the Rebuild Florida appeals procedures as an attachment to this letter should you wish to appeal.



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Document 22: MHU Replacement Benefit Determination Letter



RebuildFlorida.gov
844-833-1010

MMMM DD, YYYY

Dear [Applicant First Name]:

Rebuild Florida will repair, reconstruct, or replace Hurricane-Irma damaged properties for qualified homeowners and rental property owners. Your application has been reviewed and your property has been assessed as part of the process to determine the benefit that you will receive. We have determined that your property is eligible for **Replacement** because **the age of your mobile home is more than five years old or the cost to repair your mobile home is \$15,000 or more.**

The next step in the Housing Repair and Replacement Program (HRRP) process will be the program assignment of a construction contractor to work on your property and program determination of your final grant amount. We will notify you when this has been completed and contact you to schedule a meeting to sign a grant agreement. You will obtain your assigned contractor's contact information, along with information about the project and timeline at the time you execute your grant agreement.

If you have received previous disaster assistance to repair Hurricane Irma damages, Rebuild Florida must take these funds into account when your final grant amount is determined. Any previous assistance that cannot be documented as having been spent on the repair of your structure or on another eligible use will be assessed as a Duplication of Benefits. If Duplication of Benefits are assessed, this could result in a requirement that you contribute funding to complete the repair, reconstruction or replacement of your property. If applicable, you will be required to submit this funding at the time you execute your grant agreement. These funds will be held in an escrow account for your benefit. Rebuild Florida will use your escrowed funds to pay for your project before paying any grant funds on your behalf.

If you disagree with the benefit that you are offered, you may appeal the decision or withdraw from the program. We have included the Rebuild Florida appeals procedures as an attachment to this letter should you wish to appeal.



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Document 23: Modular Replacement Benefit Determination Letter



RebuildFlorida.gov
844-833-1010

MMMM DD, YYYY

Dear [Applicant First Name]:

Rebuild Florida will repair, reconstruct, or replace Hurricane-Irma damaged properties for qualified homeowners and rental property owners. Your application has been reviewed and your property has been assessed as part of the process to determine the benefit that you will receive. We have determined that your property is eligible for **Replacement with a modular home** because **the age of your mobile home is more than five years old or the cost to repair your mobile home is \$15,000 or more AND your mobile home is located in a flood zone with an elevation requirement that exceeds the allowable height of a mobile home per program policy.**

The next step in the Housing Repair and Replacement Program (HRRP) process will be the program assignment of a construction contractor to work on your property and program determination of your final grant amount. We will notify you when this has been completed and contact you to schedule a meeting to sign a grant agreement. You will obtain your assigned contractor's contact information, along with information about the project and timeline at the time you execute your grant agreement.

If you have received previous disaster assistance to repair Hurricane Irma damages, Rebuild Florida must take these funds into account when your final grant amount is determined. Any previous assistance that cannot be documented as having been spent on the repair of your structure or on another eligible use will be assessed as a Duplication of Benefits. If Duplication of Benefits are assessed, this could result in a requirement that you contribute funding to complete the repair, reconstruction or replacement of your property. If applicable, you will be required to submit this funding at the time you execute your grant agreement. These funds will be held in an escrow account for your benefit. Rebuild Florida will use your escrowed funds to pay for your project before paying any grant funds on your behalf.

If you disagree with the benefit that you are offered, you may appeal the decision or withdraw from the program. We have included the Rebuild Florida appeals procedures as an attachment to this letter should you wish to appeal.



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Document 24: Multifamily Rehabilitation Benefit Determination Letter



RebuildFlorida.gov
844-833-1010

(DATE)

Dear [First Name]:

Rebuild Florida will repair, reconstruct, or replace Hurricane-Irma damaged properties for qualified homeowners and rental property owners. The submitted application has been reviewed and damaged property assessed as part of the process to determine the benefit to be awarded. We have determined that the damaged property is eligible for **Rehabilitation** because **the cost of eligible repairs is reasonable under program guidelines**.

Based upon the Program policies that are available at RebuildFlorida.gov, the following units within your multifamily application:

- [complete list of eligible unit numbers]

The following units were deemed ineligible:

- [complete list of ineligible unit numbers]

The next step in the Housing Repair and Replacement Program (HRRP) process will be the program assignment of a construction contractor to work on the property and program determination of the final grant amount. We will notify you when this has been completed and contact you to schedule a meeting to sign a grant agreement. You will obtain the assigned contractor's contact information, along with information about the project and timeline at the time the grant agreement is executed.

If the multi-family property has received previous disaster assistance to repair Hurricane Irma damages, Rebuild Florida must take these funds into account when the final grant amount is determined. Any previous assistance that cannot be documented as having been spent on the repair of the structure or on another eligible use will be assessed as a Duplication of Benefits. If Duplication of Benefits are assessed, this could result in a requirement that the property owner(s) contribute funding to complete the repair, reconstruction or replacement of the property. If applicable, submission of funding will be required at the time the grant agreement is executed. These funds will be held in a state-managed account for your benefit. Rebuild Florida will use these funds to pay for the project before paying any grant funds on behalf of the property owner(s).

If there is disagreement with the benefit offered, there is an option to appeal the decision or withdraw from the program. We have included the Rebuild Florida appeals procedures as an attachment to this letter.



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Document 25: Award Acknowledgement Letter



RebuildFlorida.gov
844-833-1010

Award Acknowledgement

NAME
ADDRESS
FILE ID
DATE

Dear [Insert Name]:

Based on the information you have provided to the Rebuild Florida Housing Repair and Replacement Program (HRRP) in connection with your application, the Program has made a determination on the eligibility of your application and calculated your potential award. This award acknowledgment notification letter outlines how your award has been calculated with an award calculation table that shows your final award determination.

If your damaged home is located in a Special Flood Hazard Area, any insurable structure on any part of the property shall, at all times, be insured under a policy of flood insurance in the amount of the lesser of: (i) the full insurable value of the structure as determined by the applicable property insurer, or (ii) the maximum amount available for the structure under the National Flood Insurance Program, or a successor program. The full insurable value of the structure will be based upon the Program's total project cost for the applicant. The building coverage amount must be greater than or equal to the final total project cost with no reduction of Duplication of Benefits taken into consideration. Failure to maintain insurance may result in you being ineligible for future disaster relief. Upon the sale or transfer of the property, you are required to, on or before the date of such transfer, and as part of the documents evidencing such transfer, notify all transferees in writing of the continuing obligation to maintain flood insurance on the property. In the event that you fail to provide such notice, you may be liable to the United States for future disaster assistance related to the property. Under certain circumstances, Rebuild Florida may assist homeowners on a case by case basis by paying for the first year's flood insurance premium. Thereafter, it is the homeowner's responsibility to renew and maintain the policy.

If your home is required to be elevated, the lowest floor of your home must be elevated to either the local jurisdiction elevation height requirement or two (2) feet above the Base Flood Elevation



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(BFE), whichever is higher. Rebuild Florida will elevate your home, if required, and inconnection with the repair, reconstruction or replacement of your home.

AWARD TABLE

Program Information	
Household Income	
Household Members	
AMI Percentage	
Damaged Structure Type	
% Damage	
Benefit	
Other Assistance Received	
FEMA IA	
SBA	
Homeowners Insurance	
Flood Insurance	
ICC	
Non-profit/Other	
Allowable Eligible Activities	
DOB Gap Funding Required at Closing	\$

PROGRAM INFORMATION

MOBILE HOME UNIT REPLACEMENT

If your home is a mobile home unit, the Program will replace the unit if the cost of repair is \$15,000.00 or more, or if your unit is more than five years old. Your mobile home unit may be replaced with a modular unit if you live in a floodplain, own your land and the elevation requirements would result in the need for elevation more than the standard installation height of three feet. Mobile home unit repair or replacement assistance is notated in the above Award Table. Applicants receiving a replacement mobile home unit are provided specifications and floorplans prior to replacement of the unit. The specifications and floorplans should be reviewed and signed by the applicant(s) in preparation of executing the Homeowner Grant Agreement. **It is the applicant’s responsibility to provide a signed copy of the specifications and floorplans at Closing to signal approval of the replacement mobile home unit.**

INSURANCE

As the homeowner, you must maintain home insurance coverage (not less than the grant amount) and flood insurance (if applicable). Federal law requires people who live in a floodplain to carry flood insurance in perpetuity on that property. A grant agreement, deed restriction, covenant or similar enforcement vehicle will be required to be placed on the property requiring

that flood insurance be maintained on that property in perpetuity.

If you currently do not have flood insurance and did not receive prior federal assistance, DEO will pay the first annual premium for acceptable coverage. If you reside in a floodplain and do not have an active flood insurance policy, a DEO representative will contact you about securing a flood insurance policy, listing DEO as an additional insured party, at the time of the 50% completion inspection or at the time of the 60-day inspection.

ESTIMATES

In connection with the calculation of your award, Program damage assessors have made an inspection of your home and have compiled a list of damages that are eligible for repair, as well as repairs that have already been completed on your home and which may qualify for DOB reduction

The Program also creates a reconstruction estimate for all homes where there are remaining repairs needed. This allows the Program to determine whether it is cost reasonable to repair the home or whether it would be more cost-effective to reconstruct the home. The reconstruction estimate accounts for the labor and materials that would be necessary to build a home of similar size with modest, economy grade materials. The Program is not intended to compensate you for replacing a custom or semi-custom home.

Percentage of Damage: The relative percentage equals your repair estimate divided by your reconstruction estimate, which is multiplied by 100. This is how the program compares the cost to repair your home versus the cost to reconstruct a modest home of similar square footage. We use the Percentage of Damage to choose the benefit that is most cost reasonable—repair or reconstruction.

- If the Percentage of Damage is less than 75% of the reconstruction amount, the benefit will be repair.
- If the Percentage of Damage is equal to or more than 75% of the reconstruction amount, the benefit will be either reconstruction or replacement depending upon your structure type.

UNDERSTANDING YOUR AWARD

In connection with the calculation of your award, Program representatives have made an inspection of your home and have compiled a list of damages that have either already been repaired and are eligible to reduce your potential for Duplication of Benefits (DOB), as well as the estimated cost to repair remaining damages from Hurricane Irma. Your estimates can be viewed or downloaded from your online account.

These estimates provide the initial basis of your award calculation. We also evaluated the sources of funding that have been made available to you by FEMA, NFIP, SBA, private insurance, and other sources for the express purpose of repairing your home. These funds, per federal law, are considered DOB and must be deducted from your award unless you can demonstrate that these funds were used for the repair of your home or another eligible use. Federal law forbids the Program from providing a second source of financial assistance for the same repair purpose as funds already made available by FEMA, NFIP, SBA, private insurance, etc. This letter will explain, in more detail, how we calculated your award. Information contained in this letter does not change any program policies. Program policies are contained in the Rebuild Florida HRRP guidelines. Please make sure you review and understand current Program policies along with the sample grant agreement(s) located on the Rebuild Florida [website](#). You will need to sign your grant agreement at grant execution prior to Rebuild Florida initiating construction on your home.

Your award calculation worksheet consists of six main sections:

- 1. Program Information:** Describes factors including your household income analysis, number of household members, Area Median Income analysis, damaged structure type, percent of damage observed, and your benefit qualification (rehabilitation, reconstruction or replacement).
- 2. Other Assistance Received:** Details compensation you have received to repair your damaged property from other sources such as FEMA, NFIP, SBA, private insurance and other sources. This will first be deducted from the Construction Bid amount. DOB may lead to unfunded awards for which you may need to utilize DOB Gap Funding prior to accessing Rebuild Florida funds.
- 3. Allowable Eligible Activities:** The total value of the eligible uses of the previous disaster benefits you received that can be documented either through inspection or by receipt. This is the amount of money you spent on repairs or other eligible costs using the other disaster assistance you previously received. The program uses this to offset any potential DOB.
- 4. DOB Gap Funding Required at Closing:** Demonstrates how the homeowner responsibility portion of your award was calculated. The amount shown in this section is the amount of money you will need to place in the DOB Gap Funding Account at the time of your grant execution. If you are required to contribute money to the DOB Gap Funding Account, your DOB Gap Funding will be used to pay for the repair, reconstruction or replacement of your home before any grant funds are paid on your behalf.

NEXT STEPS

You will be contacted by Team Title, Rebuild Florida's Closing Team, to review and execute your Grant Agreement documents. Once these documents are completed, your home will move into the pre-construction phase and Rebuild Florida contractor, [Insert AWARDED CONTRACTOR], will be assigned to work on your property and secure building permits within 30 days. Once permits have been successfully obtained, a Notice to Construct will be issued moving your project

into the construction phase. The assigned contractor then has 90 days to complete your project, barring any unforeseen change orders that may require additional work extending the timeframe for completion

Should you disagree with the award determination, you may appeal this determination. Appeal information is provided below in this letter.

You may also withdraw from the program should you wish. To do so, please contact the Rebuild Florida Call Center at 844-833-1010. A Rebuild Florida representative will review your information with you and confirm that you wish to withdraw from the program.

DUPLICATION OF BENEFITS INFORMATION

You will be required to certify that you have reported all Duplication of Benefits (DOB) and any monies received both before and since the initial application. If you receive additional disaster assistance to repair your home after the date you sign your grant agreement, you must notify the Program. You will be required to enter into a subrogation agreement allowing the State to claim any additional funding up to the grant amount.

FEMA IA: FEMA Individual Assistance (FEMA IA) is the assistance FEMA may have provided for home repairs. The FEMA NEMIS database verified this information. If you can provide documentation demonstrating that the FEMA IA amount provided by the FEMA NEMIS database includes amounts not intended to cover structural loss, we will use the documentation you provide to adjust the FEMA IA payout amount. The documentation you provide must come from FEMA.

National Flood Insurance Program (NFIP) Insurance: Any insurance proceeds paid through NFIP for repair of your structure will be deducted from your award as a DOB.

Increased Cost of Compliance (ICC): ICC coverage is one of several resources for flood insurance policyholders that need additional help rebuilding after a flood event covered under the flood policy. It will provide up to \$30,000.00 to help cover the cost of mitigation measures that will reduce flood risk, such as elevation.

SBA: Federal regulations deem Small Business Administration (SBA) loans for repair to be a DOB for federally funded repair programs. The approved loan amount counts as a DOB even if you have not drawn down any funds from the approved loan or have repaid the funds. The limited exception to this requirement is for low- to moderate-income households that have declined an SBA loan.

Private Insurance: We must deduct all property or casualty insurance payments, including flood, settlement amounts for loss to dwellings from your award as a DOB. Private insurance payments

for contents or other expenses do not count as a DOB, and we will not deduct such payments from your award.

Other: Funding received from other sources such as non-profit entities that you received for the same purpose as this grant are considered a DOB.

Total Previous Assistance Received: This line sums all the prior lines in this section and constitutes the DOB.

Allowable Activities: This line is the total dollar value of the previous disaster aid you spent on eligible expenses related to the repair of your home. The Program makes this determination by using the field estimate of the repairs you have already completed and any documentation you can provide to prove eligible expenses.

Total Duplication of Benefits: This line demonstrates the total dollar value of your DOB once the Allowable Activities total is subtracted from the Total Previous Assistance Received. This represents the amount of money you will need to contribute to your project.

Grant Amount

The grant amount value is the total amount of the grant available for your property. It is the amount that will be reflected on your grant agreement and which will be paid on your behalf to the construction contractor who completes the work on your home. This is a grant and you are not required to repay the funding unless you default on any of the Program requirements. In the event that you do default, the grant amount is the maximum amount you will be obligated to repay. It is calculated by subtracting any DOB from the construction bid amount.

AMOUNT OF HOMEOWNER DOB GAP FUNDING

If you have a demonstrated Duplication of Benefits (DOB) you will be required to deposit this amount into the DOB Gap Funding Account, at grant execution. The program will first use the funds you placed in the DOB Gap Funding Account to make repairs to your home before program dollars are expended.

LEAD HAZARD NOTIFICATION

At application you were provided access to the EPA pamphlet entitled “Protect Your Family from Lead in Your Home” that can be found on the EPA [website](https://www.epa.gov/sites/production/files/2017-06/documents/pyf_color_landscape_format_2017_508.pdf) at: https://www.epa.gov/sites/production/files/2017-06/documents/pyf_color_landscape_format_2017_508.pdf. If you have not already downloaded a copy of this brochure, please access the link above to obtain a copy for your records or contact your local Rebuild Florida center to obtain a printed copy.

GREEN BUILDING STANDARDS

The Program’s construction activities will comply with Green Building Standards as described in Federal Register (FR) 6066-N-01. The State of Florida has adopted the ENERGY STAR Certified

Home standard for projects that were substantially damaged or where reconstruction is required, unless state standards are more restrictive, in which case state standards will apply. Homes that were non-substantially damaged (rehabilitation) must apply the HUD CPD Green Building Retrofit Checklist to all work undertaken as a part of the program.

RECONSIDERATION AND APPEALS PROCEDURES FOR APPLICANTS

If you disagree with how the Program has calculated your award or with any of the Duplication of Benefits (DOB), you may request a reconsideration or appeal the decision. You must file your request for reconsideration or appeal **prior to** executing your grant agreement or within thirty (30) days of the date of this letter, whichever occurs first.

You may not appeal policies that have been approved and incorporated by the Program, such as the Program's process for assessing the value of materials eligible under the Program. In addition, you are not allowed to appeal after grant execution. Further, statutory and regulatory requirements / guidelines may not be appealed.

Please continue reading for additional information on your appeal rights.

RECONSIDERATION, APPEALS & COMPLAINT PROCESS

In accordance with 24 CFR 91 Citizen Participation Plan and 24 CFR 570.486(a) (7), the HRRP has developed the reconsideration, appeals and complaints process. Through the reconsideration process, applicants have a mechanism for requesting further review on a decision made on their file. Once exhausting the reconsideration process, should an applicant disagree with the result of the request for reconsideration, the decision of the HRRP can be further reviewed through an agency informal appeals process. Program policies are not appealable. In addition, citizens may file complaints- both formal and informal- which will be responded to in 15 working days.

Information about the right and how to file a reconsideration request, agency informal appeal and complaint will be printed in all guidelines and posted on the Rebuild Florida website, www.rebuildflorida.gov, in all local languages, as appropriate and reasonable.

Program Reconsideration

Throughout the process, decisions will be made on an application and/or project to be delivered. The decisions are made based on statutes, codes of federal regulation, local administrative code, state and local guidelines as they are interpreted by the Program. This policy guides the process for an applicant or contractor requesting program reconsideration of decisions made by the HRRP.

Grounds to request reconsideration of a decision. Applicants who have applied for funding for disaster recovery may only request reconsideration of the disposition of a program decision on one or more of the following:

1. Duplication of Benefits estimates.
2. Scope of Work Estimate.
3. Construction issues.

Reconsideration request of local program decision. A party requesting reconsideration must file a written request for reconsideration with the HRRP to request a review not later than 30 days after the date the action to be reconsidered has occurred or when notice has been provided. The written request must include specific information relating to the challenge of the HRPP decision. HRRP will acknowledge receipt of the request. HRRP will respond in writing to the request no later than 15-working days after the date of receipt of the request. The response may take one of the following actions:

1. Acknowledgment of receipt of the request for reconsideration and notification that the review of the applicant file may take longer than 15 working days;
2. Request for additional supporting documentation or information from the applicant;
3. Status of the investigation and estimated timeframe for decision; or
4. Final determination of the issue to:

- a. Concur with the request and make the appropriate adjustments to the staff member's decision; or
- b. Disagree with the request and provide the basis for rejecting the request for reconsideration to the party.

Should an applicant disagree with the result of a request for reconsideration, the applicant will be provided with a notice of administrative right to appeal and instructions for the appeal process. In addition, applicants have the opportunity to file an informal appeal conducted by Department.

In order to request a reconsideration, please submit a written notice to CDBG-DRAppeals@deo.myflorida.com or submit by postal mail to the following address:

Attention: Office of Disaster Recovery, Appeals
Florida Department of Economic Opportunity
Division of Community Development
107 East Madison Street
Tallahassee, FL 32399

Appeals

DEO Informal Appeal: Once exhausting the reconsideration process, should an applicant disagree with the result of the request for reconsideration, the decision of the HRRP can be further reviewed through an agency informal appeals process. An applicant requesting a DEO informal appeal must file a written request for informal appeal within 30 days of the reconsideration decision and notice to appeal. In an informal appeal, DEO will conduct investigations and/or hold informal appeals hearings, as necessary. The informal appeals hearing will be held by telephone with all involved parties on a conference call. After the request for a DEO informal appeal is filed, the following events will occur:

1. A Notice of Hearing will be mailed, listing the date, time and contact information for the scheduled hearing.
2. Once the appeal hearing is complete, a decision of the result will be distributed.

If an applicant files a request for a DEO informal appeal, the requirement to timely file a petition challenging agency action will be tolled until a decision is rendered by the Department. At that time, a new appeal window will begin. No applicant will lose their rights under Chapter 120, Florida Statutes, by filing a request for informal appeal.

In order to file an informal appeal, please submit a written notice to CDBG-DRAppeals@deo.myflorida.com or submit by postal mail to the following address:

Attention: Office of Disaster Recovery, Appeals
Florida Department of Economic Opportunity
Division of Community Development
107 East Madison Street
Tallahassee, FL 32399

Formal Appeal / Notice of Administrative Appeals Rights: Any person whose substantial interests are affected by DEO's determination has the opportunity for an administrative hearing pursuant to section 120.569, Florida Statutes. For the required contents of a petition challenging agency action, refer to rules 28-106.104(2), 28-106.20(2), and 28-106.301, Florida Administrative Code.

Any petition must be filed with the Agency Clerk within 30 calendar days of receipt of this determination. A petition is filed when it is received by:

Agency Clerk Department of Economic
Opportunity
Office of the General Counsel 107 East
Madison Street, MSC 110
Tallahassee, Florida 32399-4128
Fax: (850) 921-3230
Email: Agency.Clerk@deo.myflorida.com

Uniform Relocation Act (URA) Appeals

Tenants may appeal any case in which he or she believes that HRRP has failed to properly consider his or her application for assistance. This includes, but is not limited to, the tenant's eligibility for, or the amount of, a payment required for relocation assistance. The tenant must appeal HRRP decisions related to relocation assistance within 30 days of receiving a written determination from HRRP outlining the program's decision related to his or her eligibility for benefits or amount of benefits.

Complaints

The goal of the HRRP is to resolve complaints in a manner that is both sensitive to the complainant's concerns and to achieve a fair result. The HRRP will treat all complaints with respect and respond to complainant inquiries as to the status of the complaint. The program will acknowledge each complaint received and provide a response within 15 working days, where practicable.

Information on how to file a complaint will be available at the program offices, included on printed materials, and on the website.

Informal Complaints

Complaints that are brought forward will be addressed where possible no matter the source. The mechanism to address this is to make certain the person is aware of the formal complaint process and address the complaint in the same manner in which it was received. An informal complaint or complaints that do not have a contact will not be included in the complaint

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tracking system. Instead, informal complaints will be placed in an informal complaint file.

On an informal complaint, the HRRP should:

1. Obtain all pertinent information, including the issue raised and if possible, the name of the complainant and a contact to obtain further information if desired. If no name or contact number is left, then that should be noted and placed in an informal complaint file—either electronic or hard copy.
2. Review these complaints at least monthly to determine if there is a pattern developing and, if so, determine if the issue warrants a policy change or further training.

Formal Complaints

Formal complaints are any written statement of grievance—including e-mails, faxes or letters that provide a contact with whom program staff can communicate the results of an investigation. Any complaint that does not have a point of contact will be treated as an informal complaint. Any complaint forwarded to the HRRP from HUD will be considered a written complaint.

Required Documentation

1. Every formal complaint will be included in a complaint tracking system and maintained as either an electronic or hard copy file. Formal complaints filed will include:
 - a) The name of the complainant and a contact address.
 - b) The date the complaint was received.
 - c) A description of the complaint.
 - d) The name of any person contacted to resolve the complaint or to gather information to resolve the complaint.
 - e) A summary of the results and the date of the response to complainant.
 - f) An explanation of the reason the file was closed if the file was closed.
2. Once the complaint is in the tracking system, the HRRP will determine if the complainant has standing. A complainant has standing when the complainant is an applicant or direct party and has a contact address. If a complainant has valid standing, the HRRP will perform the following steps:
 - a) Assign a control number to the complaint.
 - b) Review and/or investigate the complaint.
 - c) Once the complaint has been resolved, or if it needs more work than can be done at the local program level, refer the complaint to the appropriate office to seek resolution.
 - d) Provide a copy of the final result to the complainant if applicable.
 - e) Provide a copy of the policies and procedures relating to investigation and resolution to the complainant and to each person who is subject of the complaint.

- f) Notify the complainant of the results, or if longer than 15 days, provide a status of the review process.
- g) Close the complaint.

Fair Housing Complaints

Persons alleging a violation of fair housing laws will be referred to DEO's local contact to file a complaint. DEO will retain a log and record of all fair housing inquiries, allegations, complaints and referrals. In addition, DEO will report suspected non-compliance to HUD. The contact for Fair Housing Complaints is:

FairHousing@deo.myflorida.com
(850) 717-8426

Contractor Fraud:

Program staff must report any information received regarding a contractor approaching homeowners fraudulently claiming to be with Rebuild Florida to assist property owners with construction for DEO. Program staff must collect all known identifying information about the contractor and submit the report to the Center Manager. The Center Manager must then refer any hurricane related contractor fraud to the following two resources:

1. Call 1 (866) 9NO-SCAM (866-966-7226) or;
2. Submit a contractor fraud complaint electronically at MyFloridaLegal.com by clicking on "General Complaints" on the home screen and following the instructions.

If any construction contractor or other individual directly contacts a property owner fraudulently claiming to be associated with the Rebuild Florida program, inform the property owner to not provide any identifying information and thank them for reporting the incident to the Program. Rebuild Florida representatives will have official badges, and property owners will receive official communications from Rebuild Florida before anyone arrives at their home. Should an inspector or contractor arrive at a property owner's address unexpectedly, inform the property owner to reach out to the Program immediately by calling 844-833-1010.

**REBUILD FLORIDA HOUSING REPAIR OR REPLACEMENT
SUBROGATION AGREEMENT**

In consideration of the receipt by the undersigned Recipient(s) of the Grant Amount under the Rebuild Florida Housing Repair and Replacement Program (the "Program") being administered by the Florida Department of Economic Opportunity ("DEO"), the Recipient(s) hereby assigns to DEO all of his and/or her future rights to reimbursement and all payments which may be received, or have been previously received and not disclosed to DEO, under any Federal Emergency Management Agency ("FEMA") program, Small Business Administration ("SBA") program, policy of flood, casualty or property damage insurance, nonprofit donations or grants, or any other funding, or from claims or causes of action Recipient may have ("Proceeds" or "Duplication of Benefits") related to physical damage to the Damaged Property (not including contents) caused by Hurricane Irma that have not previously been included in the calculation of the Grant Amount. (Capitalized terms shall have the meanings given to them in the Grant Agreement(s) governing the Grant Amount executed by Recipient(s) on the same day as this Subrogation Agreement ("Agreement").

The DEO's rights under this Agreement regarding Proceeds shall be subject to the following:

- A. If Proceeds are received by the Recipient(s) between the date of this Agreement and the date of the first disbursement of the Grant Amount, then DEO shall re-calculate the Grant Amount by including such as a Duplication of Benefits in the grant calculation, and DEO may reduce the Grant Amount and require that, within the period of time identified pursuant to the Grant Agreement, the Recipient(s) deposit such Proceeds into the Homeowner DOB Gap Funding Account maintained by the Program.
- B. If Proceeds are received by the Recipient after the date of the first disbursement of the Grant Amount, but before the final disbursement, then the Recipient(s) must repay DEO the difference between (i) the total amount of Program disbursements as of the date the Proceeds were received, and (ii) the total Grant Amount that would have been made if such Proceeds had been included in DEO's original Grant Amount calculation.
- C. If Proceeds are received by the Recipient after the date of the final disbursement of the Grant Amount, then the Recipient(s) must turn over to DEO the total amount of the Proceeds up to, but not exceeding, the Grant Amount.

Notwithstanding the foregoing, if Proceeds are received while the Recipient(s) are in default under the Grant Agreement, then DEO can recover the amount of Proceeds up to the Grant Amount disbursed.

Recipient(s) agree to assist and cooperate with DEO should DEO elect to pursue any of the claims the Recipient has or may have against any insurers for reimbursement under any policies insuring the Damaged Property or against others for physical damage to the Damaged Property. The Recipient(s) assistance and cooperation shall include allowing suit to be brought in the name(s) of the Recipient(s), giving depositions, providing documents, producing records and other evidence, testifying at trial and any other form of assistance and cooperation reasonably requested by DEO.

If requested by DEO, the Recipient(s) agree to execute such further and additional documents and instruments as may be requested to further and better assign to DEO the Proceeds or any insurance policies and/or any rights thereunder as contemplated by this Agreement, and to take, or cause to be taken, all actions and to do, or cause to be done, all things requested by DEO to consummate and make effective the purposes of this Agreement.

Recipient explicitly allows the DEO to request of any company or entity with which the Recipient held Policies, or FEMA, or the SBA, or any other entity from which Recipient has applied for or is receiving Proceeds, any non-public or confidential information determined to be reasonably necessary by the DEO to monitor and/or enforce its interest in the rights assigned to it under this Agreement and gives Recipient's consent to such company or entity to release said information to the DEO.

Recipient(s) agrees that any lawyer or claims adjuster representing the Recipient(s) in connection with Damaged Home are authorized and instructed to communicate with DEO regarding the nature and status of claims and to share information with DEO relating to the claims. The lawyer and claims professional shall protect the interest of the State in any proceeds resulting from the claim upon receipt of notice of this subrogation.

If the Recipient(s) (or any lender holding a lien on the Damaged Property) hereafter receive any Proceeds for physical damage to the Damaged Home (not including contents), the Recipient(s) agree to promptly pay such Proceeds, or an equivalent amount of funds, to DEO in accordance with the terms of this Agreement.

The Recipient(s) acknowledge that this Agreement does not impair the rights of the Recipient(s) mortgage lender as loss-payee under any deed of trust or mortgage on the Damaged Property.

If DEO has recovered an amount equal to the Award, the DEO will reassign to Recipient any rights assigned to the DEO pursuant to this Agreement.

In any proceeding to enforce this Agreement, DEO shall be entitled to recover all costs of enforcement, including actual attorneys' fees.

Signature

Date

Signature

Date