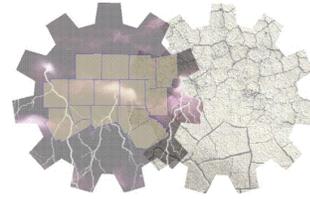


# Metro Safe Room Rebate Program (MSRRP)



## Application

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### Program Information:

This is a reimbursement program and all expenses incurred during the shelter construction will be borne by the property owner.

Applicants may qualify for reimbursement for half the cost of a safe room (including installation), up to \$3,000. Both in-ground and in-house shelters are reimbursable.

Program qualifications:

- Must be living or developing in one of the four counties of Collin, Dallas, Denton, or Tarrant
- Must live in a City or Town with a FEMA approved Hazard Mitigation Action Plan, or an unincorporated area of the county
- Must be the owner occupant, developer, or installer (developers and installers may apply directly, but are capped at 3 safe rooms)
- Must not be living or developing in a FEMA 100 year floodplain (FEMA Flood Zone A/AE) or listed in the Special Flood Hazard Area (SFHA)
- Must contract with a National Storm Shelter Association (NSSA) or American Tornado Shelter Association (ATSA) certified supplier

If the home was built in or before 1968 (45 years old) a review from the State Historical Preservation Office (SHPO) will be requested by NCTCOG on the applicants behalf, prior to being approved to receive a rebate. This review process does not deem the applicant ineligible.

Applicants will not receive reimbursement until all required documents have been FEMA approved and funds are released to NCTCOG.

### Applicant Information:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Texas Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_ FAX: \_\_\_\_\_

Property Type:  Single-Family  Manufactured (must own property and land)

Complete, sign, and submit to: North Central Texas Council of Governments, ATTN: EP MSRRP

FAX: 817-608-2372

Mailing Address:

P.O. Box 5888

Arlington, TX. 76005

I, have carefully reviewed the program criteria and understand all the information required. All responses and documents are true and valid. I also agree to the following:

- final inspection of the installed safe room
- NCTCOG to share the GPS coordinated with only first responders in my jurisdiction

I understand that my participation in this program is completely voluntary.

Should you provide NCTCOG with fraudulent information or documentation, NCTCOG will seek prosecution for any incurred losses.

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