

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

See The Attached  
Instructions

O.M.B. No. 1660-0040  
Expires December 31, 2011

SECTION I - LOAN INFORMATION

1. LENDER NAME AND ADDRESS		2. COLLATERAL (Building/Mobile Home/Personal Property) PROPERTY ADDRESS (Legal Description may be attached)		
3. LENDER ID. NO.	4. LOAN IDENTIFIER	5. AMOUNT OF FLOOD INSURANCE REQUIRED \$		

SECTION II

A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION

1. NFIP Community Name	2. County(ies)	3. State	4. NFIP Community Number

B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME

1. NFIP Map Number or Community-Panel Number (Community name if not the same as "A")	2. NFIP Map Panel Effective/ Revised Date	3. LOMA/LOMR  <input type="checkbox"/> Yes _____ Date	4. Flood Zone	5. No NFIP Map

C. FEDERAL FLOOD INSURANCE AVAILABILITY **(Check all that apply)**

- 1.  Federal Flood Insurance is available (community participates in NFIP).       Regular Program       Emergency Program of NFIP
- 2.  Federal Flood Insurance is not available because community is not participating in the NFIP
- 3.  Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA), Federal Flood Insurance may not be available.  
CBRA/OPA designation date: \_\_\_\_\_

D. DETERMINATION

IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA  
(ZONES CONTAINING THE LETTERS "A" OR "V")?     YES       NO

If yes, flood insurance is required by the Flood Disaster Protection Act of 1973.  
If no, flood insurance is not required by the Flood Disaster Protection Act of 1973.

E. COMMENTS **(Optional)**:

This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building/mobile home on the NFIP map.

F. PREPARER'S INFORMATION

Name, Address, Telephone Number (If other than Lender)	DATE OF DETERMINATION
Name: _____ Address: _____ Telephone Number: _____ Date Signed: _____	