

Texas Division of Emergency Management
Recovery, Mitigation and Standards
Texas Residential Safe Room Rebate Program
Safe Room Application Form

Home Owner Information

Name _____
Current Address _____
City _____, TX Zip Code _____ County _____
Home Phone # _____ Work Phone # _____
Mobile/Cell # _____ Fax # _____

Property Location-Legal Discription

Subdivision or Survey Name _____
Section Acreage _____ Lot _____ Block _____
Reserve _____ Abstract _____

Property Address

Address _____
City _____ State _____ Zip Code _____

Date the home was built ___/___/_____

Safe Room Information-- (Please Answer The Following)

Date of Installation ___/___/_____ Safe Room Type: In-Ground _____ In-Residence _____
Exact Location of Safe Room _____

Name of Contractor _____
Contractor Debarment Status Verification Date ___/___/_____ (Print Out Verification Attached)

Please Complete And Sign The Following

(Prior to reimbursement, the following information must be completed):

911 Address _____
Latitude _____ Longitude _____ "Latitude/Longitude as required by FEMA"

I hereby authorize the release of the safe room information to the local emergency first responders including but not limited to the fire department, police department, and emergency medical services providers to assist in location and rescue efforts.

_____/_____/_____
(Signature of Owner) (Date)

Please Read the Following:

- This form does not guarantee that your safe room application will be funded.
- If funded, this program provides a 50% rebate (up to \$3,000 to eligible participants who install safe rooms).
- Qualifying safe rooms must be built/ installed, and certified by a builder or installer.
- I certify that my property is not located in a floodplain or a Coastal Surge Zone (V Zone).
- I understand that my participation in this program is completely voluntary.
- I, the undersigned, have carefully reviewed this form and understand all the information herein. To the best of my knowledge, the answers hereto are true and correct.

_____/_____/_____
(Signature of Owner) (Date)