



ARKANSAS DEPARTMENT OF EMERGENCY MANAGEMENT
SAFE ROOM/SHELTER
APPLICATION

Fill in ALL spaces. Spaces left blank will result in the application being returned to you. This will delay the application process.

Part I -Homeowner Information (can be only one (1) individual and SSN#)

Full Name _____ Required SS# _____

Mailing Address: _____ City _____ Zip _____

Physical Address of Shelter _____

Phone# _____ Cost of Shelter Installation _____

Do you own your home? Yes No
Is it your Primary Residence? Yes No
Type of Installation: Safe Room Underground Shelter

FUNDS ARE NOT GUARANTEED

I understand the following:

- A. The safe room/shelter must have been installed after January 21, 1999.
B. Safe room installation must meet standards in FEMA publication #320 and all state, city and county codes.
C. The stipend will be \$1,000 or 50% of the cost, whichever is less.
D. Labor by homeowner can not be reimbursed.

Homeowner's Signature _____ Date _____

Upon completion of structure, call your County Coordinator (located at your County Courthouse) to complete the verification portion of this application.

Part II -Verification:

Coordinator Name: _____ County _____

Address _____ City _____ Zip _____

Phone _____

I certify the installation of the safe room/in-ground shelter, located at the address in Part I has been completed, and meets all city and county codes.

Coordinator Signature _____ Date _____

Disclaimer: Neither ADEM or the verification official (County Coordinator/representative) guarantees the safety of the shelter, in regards to quality of materials nor installation, only that installation has been completed and meets the requirements for reimbursement through the ADEM Safe Room/Shelter Program.

Address: ADEM, Mitigation Dept., Building #9501, North Little Rock, AR 72199-9600



Certification/Affidavit For Safe Rooms



THIS APPLIES ONLY TO SAFE ROOMS AND NOT IN-GROUND SHELTERS

Date _____

Contractor Name/Company _____

Address _____

City State Zip Code

Phone # _____

The safe room structure built for _____ at

Address _____,

(Must Be Physical Address)

was built to specifications as provided in FEMA Publication 320.

Signature of Contractor

Subscribed and sworn before me _____, a notary

public in the County of _____ on this _____ day

of _____, _____

My commission expires