Print Form

U.S. Army Corps
of Engineers

H
A
P

Department of Defense

Homeowners Assistance Program

Application & Guidance Package

Complete application and <u>mail</u> it to the U.S. Army Corps of Engineers District within your local area. For correct address, see Contacts.

APPLICATION CHECKLIST
HOMEOWNERS ASSISTANCE PROGRAM (HAP)
(November 2008)

Please submit your application in the following sequence. Missing documents will delay processing of your application. If an item is not applicable, please mark N/A.

If you have already sold your home through a Private Sale, complete Items 1-12. If you elect the Private Sale Augmentation Option, complete items 1-16. For Government Acquisition, complete all items except 8 and 12. If you have questions pertaining to the checklist, call one of the following Districts that is within your Jurisdiction: Savannah, 1-800-861-8144, x5563 or 6065; Sacramento, 1-800-811-5532 or 916-557-6850; Fort Worth, 1-888-231-7751 or 817-886-1216.

____ **1. APPLICATION – Complete DD Form 1607 with original signatures by you and a Personnel Officer (Parts III & IV). Please include an email address on the application.**

____ **2. ORDERS TO – Orders to the affected installation indicated or History of Assignments; Civilians must provide a SF 50 or other personnel action. All applicants must submit documentation confirming employment at or near the affected installation <u>within 6 months prior to the base realignment/closure announcement date.</u>**

____ **3. ORDERS OUT – Orders leaving the affected installation with date and destination indicated, Military Transfer, Realignment Notification, Priority Placement Offer, or RIF notice.**

____ **4. DEED – Shows ownership of property (when your home was acquired) <u>with recording information such as the book, page#, and recording date of deed</u>.**

____ **5. PROOF OF OCCUPANCY – Documentation confirming occupancy within 6 months prior to the realignment/closure date. This may be a statement of Service from a utility company in applicant's name with property address and dates of service.**

____ **6. COPY OF BILL OF LADING or Do-it-yourself (DITY) - Provide copies of your receipts/evidence for move of household goods).**

____ **7. PRIVACY ACT STATEMENT – Provided with the application. Please read, sign and return.**

____ **8. CERTIFICATE OF ENTITLEMENT AND DECLARATION OF FILING – Provided with the application. Please read, sign and return.**

____ **9. RIGHT OF ENTRY (IF YOU HAVE NOT SOLD YOUR PROPERTY) – Provided with the application. Please read, sign and return. Please leave a key to your property with your Realtor or with a Point-of-Contact (POC) before you depart the area.**

____ **10. Provide the name and telephone number in Section II of the application of a POC. Your POC should be someone who does not live with you that will know your whereabouts at all times. Please contact the HAP office to update changes in your POC and your address when necessary.**

____ **11. POWER OF ATTORNEY (POA) (if closing by POA) – Original POA must be recorded and a copy provided to HAP.**

APPLICATION CHECKLIST Con't

____ 12. PRIVATE SALE (applies only if you have already sold your home) – A copy of signed documents (Closing Statement, Sales Contract and Deed of Transfer to Purchaser) from the resale of the property must be provided. A copy of the recorded Power of Attorney should be submitted if one is used in the sales transaction. In the case of an assumption of an existing mortgage, provide a copy of the Release of Liability from the Lender, VA or FHA.

____ 13. PRIVATE SALE AUGMENTATION – When you are unable to sell your property for the outstanding mortgage balance(s) and wish to use HAP benefits to complete the sale. Please contact HAP Realty Specialist to discuss your particular situation when negotiating and prior to signing a Sales Contract. A copy of all mortgage (promissory) notes and the signed Authorization and Release of Mortgage Information form should be forwarded with your application when applying for Private sale Augmentation.

____ 14. PROOF OF ATTEMPT TO SELL – Real estate listing agreement or newspaper advertisement. Newspaper advertisement must be accompanied with receipt from newspaper company showing period of advertisement.

____ 15. AUTHORIZATION AND RELEASE OF MORTGAGE INFORMATION – Sign the attached two copies of the Authorization and Release of Mortgage Information. Make copies of the Authorization and Release of Mortgage Information form if applicable for additional mortgages. Send a copy to each mortgage holder and one copy to the U.S. Army Corps of Engineers with this application package.

____ 16. COPY OF ALL MORTGAGE (PROMISSORY) NOTES

____ 17. REFINANCED MORTGAGES – If you refinanced your home after the realignment/closure announcement, you are required to provide one copy of the refinance closing HUD-1 form, a copy of the payoff statement for your original loan, and/or a copy of the mortgage note from the ORIGINAL purchase. The mortgage note should contain the interest rate, term, and principle of your ORIGINAL loan. If you have a second mortgage on your home, please provide a copy of the promissory note.

____ 18. MOBILE HOMES – If you are requesting HAP benefits for a mobile home, you must provide evidence that the mobile home has been permanently affixed to the land. Include 1 copy of the Bill of Sale when you originally acquired the mobile home and 1 copy of the title and proof of land ownership.

APPLICATION FOR HOMEOWNERS ASSISTANCE

IF You are or were a servicemember, Federal employee, member of the Coast Guard, or a U.S. citizen nonappropriated fund employee serving at or near a military installation which has been ordered to be closed in whole or in part, or has been closed to reduce the scope of operations;

A You own or owned your home near that installation at the time of the announced action;

A You will be or have been obliged to move away to obtain new work, are reassigned to another area, or are involuntarily unemployed;

You may be entitled to benefits under the Department of Defense Homeowners Assistance Program. For details on how you may qualify, see below.

THE LAW

Public Law 89-754, Section 1013, as amended, authorizes the Secretary of Defense to provide financial help to eligible homeowners serving or employed at or near military installations which were ordered closed or partially closed, realigned or were ordered to reduce the scope of operations. The Department of the Army acts as executive agent for DOD in administering the program
for all military departments. Before the benefits can be paid, certain conditions must be met.
must be met.

CONDITIONS

The Base Closure or Reduction Action.

There must be a decline in the market value of your home which can reasonably be shown to have been caused by the closure.

The Homeowner.

There are several circumstances which may qualify you to benefit from the Homeowners Assistance P . As a servicemember, Federal employee (other (than a temporary employee serving under a time limitation), member of the Coast Guard, or U.S. citizen employee of a nonappropriated fund instrumentality, you may qualify if your service assignmentment or your job is ended as a result of the closure or reduction.

Benefits may also be available to eligible personnel on permanent change of station moves during the period of continued market impact. Payment may not duplicate any payment received under any other law. Benefits under the program may not be available to personnel of contractors or a temporary employee.

Service Requirements.

You must have served at or have been employed at or near the installation when the closure or reduction was announced; OR

You must have transferred from the installation (or had your employment ended as a result of reduction in-force) within the six months prior to the announcement; OR

Be serving overseas as a Federal employee, with existing reemployment rights at the time of the announcement.

Service Requirements. (Continued)

You must have transferred from the installation on an oversea tour within three years prior to the announcement.

At the time of the announcement, transfer or job termination, you must have been the owner-occupant of the dwelling (or have left it after being ordered into on-post housing during the six months before the the announcement).

The Dwelling.

Your residence must be a one- or two-family dwelling which you both owned and occupied at the time of the announcement, transfer or termination of employment. In general, a trailer or mobile home will not qualify unless demounted and permanently affixed to land which is owned or held under a long term (27.5 years) lease.

The Local Real Estate Market.

The law permits benefits if your property has decreased in value because of the announced closure or reduction so that it cannot be sold on "reasonable terms." Local market conditions and causal relationships between a base closure or reduction action and reduced home market values will be determined by the Government.

Finally, to qualify, you MUST:

Relocate beyond a normal commuting distance from the dwelling for which assistance is sought, OR

Be unemployed invlountarily and able to demonstrate such financial hardship that you are unable to meet your mortgage payments and related expenses.

BENEFITS

There are four ways you can be assisted. The decision of which method you use is up to you. NOTE: You cannot receive benefits and continue to own your home.

You may choose:

(1) To take a cash payment to cover part of your losses resulting from a private sale of the dwelling: or

(2) Provide funds at the closing to assist in completing the sale of your home: or

(3) To sell your house to the Government; or

(4) To be paid losses incurred as a result of the foreclosure of a mortgage on the dwelling.

Cash Payment.

If you have sold your dwellling, the amount to be paid to you cannot be more than the difference between (a) 95 percent of the fair market value of the property before the announcement; and (b) the market value at the time of the sale.

Example: A house had a market value of $100,000 before the announcement. Ninety-five percent of that is $95,000. If you sold the house for $93,000 and that sum is accepted as the market value as of the time of sale, you will be paid $2,000 (the difference between the value at the time of sale and 95 percent of the value before the announcement).

If there is a Federally insured or guaranteed mortgage on the property, a cash payment will not be made unless (a) the mortgage debt is paid off before or at the time the Homeowners Assistance Program payment is made; or (b) the mortgage is assumed by a purchaser satisfactory to the Federal agency insuring the mortgage.

Selling to the Government.

If you still own your dwelling and choose to sell it to the Government after having made a reasonable effort to sell the property, the government can acquire your house for the balance of any mortgage (s) existing at the time of the announcement. The amount to be paid to you cannot be more than 75 percent of the market value of the property before the announcement less the amount of outstanding mortgage balances, which the Government will pay or assume. If the outstanding mortgage balances are greater than 75 percent of the prior market value, the Government will take over your property and pay off or assume your mortgage liabilities, but not give you any cash payment.

Foreclosure.

If the lenders have foreclosed on the property, you may be reimbursed for amounts you paid out as a result of the foreclosure. This payment may include direct costs of foreclosure and expenses and liabilities enforceable under the terms of the loan agreement for the house. If these debts have not yet been paid, the Government may pay them on your behalf. This remedy is seldom used because of the availability of other remedies.

HOW TO APPLY

Attached to this instruction sheet is an Application for Homeowners Assistance. If you believe that you qualify for such assistance, read the application over carefully and answer completely each part which applies to you.

Please type or print, limiting each entry to the space provided. If there is not enough space for your answer, use the "Remarks" section on Page 4 of the form. Repeat the item number and give the additional information. If a date is required, enter year, month, and day (for example: June 1, 2008 would be 20080601).

Your application must be reviewed by a department personnel office, military or civilian, for verification of your service or employment records and mailed to the appropriate office of the U.S. Army Corps of Engineers which administers the program on behalf of the Secretary of Defense.

The Corps of Engineers Office will notify you when your application is received.

APPLICATION FOR HOMEOWNERS ASSISTANCE

(Read Privacy Act Statement and Instructions before completing form.)

REPORT CONTROL SYMBOL
DD-A&T(AR)1154

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 89-754 Section 1013 and Executive Order 9397.

PRINCIPAL PURPOSE(S): To determine eligibility for and process an applicant's request for Homeowners Assistance.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish requested information will hinder our verification of your employment and homeowner information and may result in delay or denial of benefits provided under this law.

SECTION I - QUALIFICATION *(To be completed by Applicant)*

1. NAME *(Last, First, Middle Initial)*	**2. SOCIAL SECURITY NUMBER**	**3. GRADE/RANK**	
4. PRESENT MAILING ADDRESS			
a. STREET (Include apartment number)	b. CITY	c. STATE	d. ZIP CODE
5. EMAIL ADDRESS:			
6. HOME TELEPHONE NUMBERS *(Incl. area codes)*	**7. WORK TELEPHONE NUMBER** *(Include area code)*		
Home: Cell:	a. COMMERCIAL	b. DSN	

8. INSTALLATION OR ACTIVITY ANNOUNCED FOR CLOSURE OR REDUCTION IN SCOPE OF OPERATIONS			**9. DATE OF CLOSURE OR REDUCTION ANNOUNCEMENT** *(YYYYMMDD)*
a. NAME OF INSTALLATION/ACTIVITY	b. CITY	c. STATE	

10. EMPLOYMENT OF SERVICE AT INSTALLATION NAMED IN ITEM 8.

a. UNIT IN WHICH EMPLOYED OR ASSIGNED	b. *(X if applicable)*	c. BRANCH OF SERVICE *(X one)*	
	☐ CSRS	☐ ARMY	☐ MARINE CORPS
	☐ FERS	☐ NAVY	☐ COAST GUARD
	☐ NAFI	☐ AIR FORCE	☐ OTHER *(Specify)*

d. STARTING DATE *(YYYYMMDD)*	e. TYPE OF APPOINTMENT	f. ENDING DATE *(YYYMMDD)*	g. NATURE OF SEPARATION

11. REASON FOR DESIRING ASSISTANCE *(Complete 11.a. if Civilian Employee, 11.b. if Military Service Member)*

a. CIVILIAN EMPLOYEE *(X and complete as applicable)*

☐ (1) ACCEPTED FEDERAL TRANSFER

(a) TO *(Name of Installation)*	(b) DATE *(YYYYMMDD)*	(c) LOCATION OF INSTALLATION *(City, State, Country)*

☐ (2) ACCEPTED OTHER EMPLOYMENT

(a) AT *(Name of Subsequent Employer)*	(b) DATE *(YYYYMMDD)*	(c) LOCATION OF EMPLOYMENT *(City, State, Country)*

☐ (3) UNEMPLOYED *(Furnish unemployment dates only when application is based on financial hardship due to your inability to be employed in the area of the closed/reduced installation. Attach statement on why employment is not available or has not been accepted; also state amount and frequency of all income, nature and amount of debts, number and amount of installment payments (including mortgage) in arrears, and any other information providing evidence of financial hardship.)*

(a) UNEMPLOYED FROM *(YYYYMMDD)*

(b) TO *(YYYYMMDD)*

b. MILITARY SERVICE MEMBER *(X and complete as applicable)*

☐ (1) TRANSFERRED TO: (a) NAME OF INSTALLATION (b) DATE *(YYYYMMDD)*

☐ (2) ORDERED INTO ON-POST QUARTERS ON *(YYYYMMDD)*

☐ (3) RETIRED OR SEPARATED ON *(YYYYMMDD)*

SECTION II - PROPERTY FOR WHICH ASSISTANCE IS SOUGHT ***(To be completed by Applicant)***

Complete this section and attach any other information which would be useful in determining fair market value. If SOLD, provide evidence of sale, including sale price, copies of sales contract, settlement statement, and the deed with the recording info such as Book & Page Number. If FORECLOSED or in process of foreclosure, provide a statement of obligations ensuing from foreclosure. Documents provided in evidence of purchase, sale, and foreclosure must be legible, completed copies. THE DEPARTMENT OF DEFENSE WILL NOT BE RESPONSIBLE FOR SAFEKEEPING OR RETURN OF ORIGINAL DOCUMENTS.

12. ADDRESS OF PROPERTY

a. STREET	b. CITY	c. COUNTY	d. STATE	e. ZIP CODE

13. PERIOD OF OWNERSHIP/OCCUPANCY		**14. IF MORTGAGED, WAS IT** *(X)*	**15. PRESENT STATUS** *(X)*
a. FROM *(YYYYMMDD)*	b. TO *(YYYYMMDD)*	☐ FHA - INSURED ☐ VA - GUARANTEED ☐ OTHER	☐ OWNED BY YOU *(Complete Item 21)* ☐ SOLD *(Complete Item 22)* ☐ FORECLOSED *(Complete Item 23)*

16. DATE OF PURCHASE *(YYYYMMDD)*	**17. PRICE**	**18. DEED RECORDED IN**		
		a. VOLUME	b. PAGE	c. DEED RECORDS OF

19. APPROXIMATE DISTANCE FROM RESIDENCE TO WORK	**20. LIST MAJOR IMPROVEMENTS MADE BY YOU DURING YOUR OWNERSHIP** *(Such as adding garage, finishing rooms, adding bathroom, or other improvements. Include cost and approximate date each was completed)*

21. IF DWELLING IS OWNED BY YOU: *(X and complete as applicable)*

☐ a. YOU STILL OCCUPY ☐ b. VACANT	☐ c. PLAN TO SELL ON PRIVATE MARKET ☐ d. LEASED *(Attach copy of lease)*	(1) LEASED THROUGH *(YYYYMMDD)*	(2) LEASE AMOUNT *(per month)*

22. IF DWELLING WAS SOLD:

a. SOLD TO	b. DATE SOLD *(or will close)* *(YYYYMMDD)*	c. SALE PRICE

d. DEED RECORDED IN

(1) VOLUME	(2) PAGE	(3) DEED RECORDS OF

23. IF LIENHOLDER FORECLOSED ON PROPERTY:

a. DATE FORECLOSURE COMMENCED *(YYYYMMDD)*	b. COMMENCED BY *(X)*	c. PROCEEDING STILL PENDING *(X)*
	☐ VA ☐ BANK *(Name of Bank)* ☐ FHA	☐ YES ☐ NO

d. NAME OF COURT	e. LOCATION OF COURT

f. DATE OF FORECLOSURE SALE *(YYYYMMDD)*	g. AMT. OF FORECLOSURE SALE	h. AMT. OF ENFORCEABLE LIABILITIES AGAINST YOU

24. IF YOU PLAN TO ASK THE GOVERNMENT TO PURCHASE YOUR DWELLING: *(Mortgages)*

a. LENDER NAME	b. ADDRESS *(Street, City, State, ZIP Code)*	c. ORIGINAL AMOUNT	d. CURRENT BALANCE	e. DATE OF LOAN *(YYYYMMDD)*
1st				
2nd				
3rd				
4th				

f. DATE DWELLING WAS CONSTRUCTED *(YYYYMMDD)*	g. TO THE BEST OF YOUR KNOWLEDGE, DOES THE DWELLING CONTAIN ENVIRONMENTAL HAZARDS? *(Such as friable asbestos, lead-based paint, etc.)*
	☐ YES *(Specify)* ☐ NO

25. POINT OF CONTACT TO ALLOW GOVERNMENT CONTRACT APPRAISERS TO GAIN ACCESS TO YOUR DWELLING
(For Army Corps of Engineers' appraiser and inspector for environmental hazards)

a. **NAME** (Last, First, Middle Initial)	b. **HOME TELEPHONE** *(Include area code)*	c. **WORK TELEPHONE** *(Include area code)*

d. ADDRESS

(1) **STREET** (Include apartment number)	(2) **CITY**	(3) **STATE**	(4) **ZIP CODE**

26. POINT OF CONTACT THAT KNOWS YOUR WHEREABOUTS AT ALL TIMES (Someone who does not live with you)

a. **NAME** (Last, First, Middle Initial)	b. **TELEPHONE NUMBER** *(Include area code)*

SECTION III - DECLARATION *(To be completed by Applicant)*

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than $10,000 or imprisonment for not more than 5 years or both. *(See 62 Stat. 698, 749; 18 USC 287, 1001).*

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The applicant shall forfeit and pay the United States the sum of not less that $5,000 and not more that $10,000 plus 3 times the amount of damages sustained by the United States (See 31 USC 3739).

27. I DECLARE UNDER THE PENALTIES OF PERJURY THAT THE INFORMATION PROVIDED BY ME HEREIN AND ATTACHED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

a. I APPLY FOR HOMEOWNERS ASSISTANCE IN THE FOLLOWING CATEGORY: *(X as applicable)*

- ☐ **(1) FORECLOSURE RELIEF** *(For applicants whose homes have been foreclosed)*
- ☐ **(2) REIMBURSEMENT FOR LOSS ON PRIVATE SALE** *(For applicants whose homes have been sold or who plans to sell)*
- ☐ **(3) PRIVATE SALE AUGMENTATION** *(For applicants who sell their homes and need funds at the closing)*
- ☐ **(4) GOVERNMENT ACQUISITION** *(For applicants who still own their homes) (Not available in foreign countries)*

b. **SIGNATURE** *(To be used in all future correspondence)*	c. **DATE SIGNED** *(YYYYMMDD)*

SECTION IV - VERIFICATION OF EMPLOYMENT OR SERVICE *(To be completed by Personnel Officer)*

28. REVIEW OF APPLICANT'S OFFICIAL PERSONNEL FOLDER INDICATES: *(X and complete as applicable)*

- ☐ a. THE EMPLOYMENT/SERVICE INFORMATION SHOWN ON THIS FORM HAS BEEN VERIFIED AND IS CORRECT AS STATED IN SECTIONS 1,7 and 10.
- ☐ b. THE EMPLOYMENT/SERVICE INFORMATION SHOWN ON THIS FORM IS NOT CORRECT. THE PERSONNEL FOLDER SHOWS THE FOLLOWING:

29. PERSONNEL OFFICER

a. **NAME** *(Last, First, Middle Initial)*	b. **TITLE**

c. ADDRESS

(1) **STREET**	(2) **CITY**	(3) **STATE**	(4) **ZIP CODE**

d. **SIGNATURE**	**DATE SIGNED (YYYYMMDD)**

SECTION V - REMARKS *(To be completed as necessary. Reference each entry by item number.)*

PRIVACY ACT INFORMATION

FOR HOMEOWNERS ASSISTANCE PROGRAM (HAP) APPLICANTS

The Homeowners Assistance Program was authorized by Section 1013 of the Demonstration Cities and Metropolitan Development Act of 1966, Public Law 89-754 (80 Stat. 1255,1290), as amended. The Corps of Engineers administers the Homeowners Assistance Program for the Department of Defense. Individuals seeking benefits under the Act must file an application form (DD Form 1607) and, in addition, may be requested to furnish supplemental information to support their applications. The information requested will be used to identify the number of homeowners affected by the announced closure/realignment, and to determine the impact on the market, eligibility, and entitlement to specific program benefits. The application and supporting information, including appeal cases, will be retained for ten years after completion. Information disclosed by applicants will be treated on a confidential basis and will not be disclosed except to personnel in the Department of Defense who have a need for the information. Sale of the property to the government and the amount thereof is also reported to Internal Revenue Service (IRS). Deeds of conveyance to the Government, which may contain data on mortgages assumed, and other documents regarding to sufficiency of title, may be furnished to the Department of Justice for review. Documents relating to sufficiency of title, information from the application package and the social security number on the application may be provided to Government contractors for use in performing title searches and closing services. Information contained in the application form and supporting documents are furnished voluntarily; however, if all required information is not furnished, eligibility for benefits may be affected and benefits may be denied. Benefits under this program are considered "wages" for tax purposes. The Social Security Number on the application is for identification purposes and is used to report to the IRS the sale of the property to the Government and to report withholdings for Federal Income Tax, FICA and Medicare Purposes. Its non-disclosure may or not affect payment benefits.

_____ _____

Date Signature

HOMEOWNERS ASSISTANCE PROGRAM

CERTIFICATION OF ENTITLEMENTS
AND
DECLARATION OF FILING

Reimbursable closing costs for sale of a residence

1. ADDRESS OF PROPERTY SOLD:_____
_____
_____

2. CERTIFICATION: I certify that if application for "Reimbursement of Allowable Closing Costs for the sale of a residence" is filed under the Homeowners Assistance Program (HAP), I have not or will not file for this entitlement through any other source for this particular transaction on the above listed property.

FRAUD AND FALSE STATEMENTS: I am aware that any false or fraudulent claims, statements, or representations made by me or my representative can and will be prosecutable (criminal or civil), and subject to fines and/or imprisonment. (18 U.S.C. 1001)

( ) I am filing for reimbursable closing costs benefits under the HAP Program.

( ) I am **NOT** claiming closing costs under the Homeowners Assistance Program. I am filing or filed for authorized reimbursable closing costs for the sale of my residence with my Permanent Change of Station (PCS) orders.

_____ _____
Applicant's Signature Date

_____
Print or type applicant's full name

RIGHT OF ENTRY

I/we hereby grant to the United States, its representative, agents, contractors and assigns, the right to enter upon the land described and known as (address)

_____

to appraise, survey, and perform any other work necessary to process an application for benefits under the Homeowners Assistance Program reserving, however, to the owner(s), their heirs, executors, administrators, successors and assigns, all such right, title, interest and privilege as may be used and enjoyed without interfering with or abridging the rights and easement hereby acquired. The United States, its representative, agents, contractors and assigns will give the owner(s) at least 24 hours notice of any entry upon the land for the purposes described herein.

_____

Applicant or Owner

_____

Applicant or Owner

Gentlemen:

RE: Home Mortgage Loan Number: _____

Mortgage Company: _____

Mortgage Company Address: _____

_____

Mortgage Company Telephone No.: _____

Property Address: _____

I have been determined eligible for benefits of the Department of Defense Homeowners Assistance Program (HAP). The U.S. Army Corps of Engineers administers this program and will require information on my mortgage in order to process my application. I hereby request and authorize your company to release any and all information requested by the Corps. Should you need to contact someone with the Corps of Engineers, you may contact one of the following Districts HAP team that is within your Jurisdiction: Savannah, 1-800-861-8144, x5563 or 6065; Sacramento, 1-800-811-5532 or 916-557-6850; Fort Worth, 1-888-231-7751 or 817-886-1216. Please refer to the application number listed below when you contact this agency.

Please furnish a payoff statement upon request by the Corps. For your convenience, you may fax or mail the payoff statement.

Sincerely,

_____ _____

Date **Applicant's Name**

_____ _____

Date **Spouse's Name, If Applicable**

_____

HAP Application Number