

## STATE OF CONNECTICUT Department of Emergency Services and Public Protection Division of Emergency Management & Homeland Security Hazard Mitigation Buy-Out Assistance Program

FEMA Project #: \_\_\_\_\_

## **PAYMENT CERTIFICATION**

| l,                                                                                                    | (Grantee CEO Name and Title) for the                                         |        |            |         |      |         |    |  |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------|------------|---------|------|---------|----|--|
|                                                                                                       | (Grantee), acknowledges                                                      | and    | agrees     | that    | the  | payment | of |  |
| \$ <u></u>                                                                                            | received by the Grantee municipality represents up to 25 percent of the Fair |        |            |         |      |         |    |  |
| Market Value to a maximum of \$50,000.00 of each individual property contained within an approved and |                                                                              |        |            |         |      |         |    |  |
| awarded HMA                                                                                           | grant program. These funds shall be passed th                                | nrough | the respec | tive ho | meow | ners.   |    |  |

The undersigned certifies that they have the authority to sign this acknowledgment on behalf of the jurisdiction.

(Typed Name)

(Signature)

(Date)

## NOTICE: ANY FALSE STATEMENT MADE BY YOU UNDER OATH THAT YOU DO NOT BELIEVE TO BE TRUE AND WHICH IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL FUNCTION MAY BE PUNISHABLE BY A FINE OR IMPRISONMENT PURSUANT TO CONNECTICUT GENERAL STATUTES SECTION 53a-157b.

County of ) State of Connecticut )

, ss.

Subscribed and sworn to before me, this day of

, 20\_\_.

Notary Public My Commission Expires: Commissioner of the Superior Court