



CERTIFICATION OF NO INSURANCE

Purpose: By signing the certifications below, the Primary Applicant certifies that they did not have, nor do they have any knowledge that anyone else had, any type of active insurance policy (homeowner's insurance, flood insurance, or any other type of insurance) covering the damaged property at the time of Hurricane Matthew (October 8, 2016) or Hurricane Florence (September 14, 2018).

Instructions: The Primary Applicant should complete the Applicant Information section and then indicate their answers to the bolded statements. If their answer is Yes, they should sign and date the corresponding certification below that statement. If their answer is No, they do not need to sign and date the corresponding certification.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

Primary Applicant Information	
Primary Applicant Name:	Application ID Number:
Damaged Property Address:	

I hereby state and certify as follows:

- ☐ An active insurance policy (homeowner's, flood, or any other type of insurance) covering my property **was not** in effect at the time of Hurricane Matthew (October 8, 2016).

Certification: I certify by completing and signing this form that the information contained herein is true, complete, and accurate. I also understand that presenting false or fraudulent information may be subject to penalties under Federal Law.

Primary Applicant Print Name

Primary Applicant Signature

Date

I hereby state and certify as follows:

- ☐ An active insurance policy (homeowner's, flood, or any other type of insurance) covering my property **was not** in effect at the time of Hurricane Florence (September 14, 2018).

Certification: I certify by completing and signing this form that the information contained herein is true, complete, and accurate. I also understand that presenting false or fraudulent information may be subject to penalties under Federal Law.

Primary Applicant Print Name

Primary Applicant Signature

Date