

# Draw Request - Final Inspection Request

Case Id:

Name:

Address:

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## Final Inspection Request

The Final Inspection request is the first step in the Draw Request stage. **Each Homeowner will only have ONE (1) opportunity to request a Final Inspection.**

Please recall that you agreed to provide information received from your insurer identifying the discounts realized because of Improvements funded through the Program. You must submit your Final Inspection Report to your insurer and provide a new quote, new declarations page, letter, or email from your insurer that lists the amount of discounts you have received after they have reviewed the Final Inspection Report.

Homeowners should follow the steps listed below closely to request a Final Inspection:

- (1) Confirm with their Contractor that work on the home is complete.
- (2) Ensure the permits are closed out and that the local building inspector's office has completed all required inspections.

I affirm that my Mitigation Project has been completed and all required permits for the work have been obtained and closed. In addition, I further understand that I am entitled to only one (1) free MSFH Program Final Inspection. I affirm that falsely requesting my Final Inspection prior to closing out all permits will result in a denial, or partial denial, of my Draw Request.

I confirm that I have consulted with my Contractor and the Improvements that were recommended by the MSFH Program Initial Inspection Report were made and meet all state, local, and MSFH Program improvement standards (i.e., impact windows/doors were installed, RTW connections were installed correctly, SWR was properly installed). I acknowledge that if the recommended upgrades are not installed correctly, the MSFH Program will not reimburse for those Improvements.

**Please note: All work MUST be completed before submitting a Final Inspection request. The Program requires completion of a Final Inspection. Additional Inspection requests will not be accepted. If your Mitigation Project is not completed when a Final Inspection is requested, your Draw Request will be denied.**

Applicant's Signature

# Draw Request - Summary

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## Draw Request Summary

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Please provide the following information.

**The contractor(s) listed below are based on your responses entered on the step Grant Application - Contractor Confirmation.**

**Contractor:**

**Contractor:**

**Calculated Reimbursement Amount**

\$0.00

**Did you complete the following project(s) with the above contractor(s)?**

Yes

No

**Please add any notes that may assist in the processing of your Draw Request. This information is not required.**

**Please enter the date you began your work.**

**If you used multiple contractors to complete your Mitigation Project(s), please add together all invoices. You will only submit one Draw Request.**

**Total eligible invoice amount**

**Recommended Projects: (only use if changing contractors or projects)**

- o Improvement 1.0 – Opening Protection**
- o Improvement 2.0 – Roof to Wall Attachments**
- o Improvement 3.0 – Roof Deck Attachments**
- o Improvement 4.0 – Secondary Water Resistance (SWR)**

Did you complete the following project with the following contractor?

[Import contractor/s name]

[Import selected improvement(s) from the Contractor Confirmation page]

yes

no

If yes:

(no additional popup)

If no:

Please enter the name and license number of the contractor/s you used to complete the work.

[name]

[license number]

[option to add an additional contractor]

Please select the project you performed.

[Import checkboxes from recommendations again.]

**NOTE: If you did not use a properly licensed Contractor or complete a recommended Improvement, you WILL NOT receive disbursement.**

**Please enter the date you began your work.**

If you used multiple contractors to complete your Mitigation Project(s), please add together all invoices. You will only submit one Draw Request.

**Total eligible invoice amount**

\$0.00

**Please add any notes that may assist in the processing of your Draw Request. This information is not required.**

# Draw Request - Original Contractor Invoice

Case Id:  
Name:  
Address:

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## Original Contractor Invoice

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Please provide the following information.

**Please provide a detailed invoice or quote that describes the Mitigation Project that was performed. Please provide any relevant change orders or extra costs at this point. You can upload multiple documents if necessary, but do not include any documents that are unrelated to your project.**

**DO NOT submit your draw request if you do not have the correct documentation. If you upload and submit the incorrect documentation, the approval process will be delayed significantly.**

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## Documentation

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**Original Contractor Invoice**

**Please provide the Original Contract/Quote that includes the complete Scope of Work \*Required**

**Change Orders and Extra Costs**

# Draw Request - Proof of Payment in Full

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Case Id:

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## Proof of Payment in Full

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Please provide the following information.

### Your Grant Type

Low Income

Matching

**If you have received a Low Income grant, you WILL NOT see a Proof of Payment upload box.**

**If you received a Matching grant, you will need to provide proof of payment for the project in full. Any costs not listed on the original invoice must be supported by a change order or other documentation.**

**DO NOT submit your draw request if you do not have the correct documentation. If you upload and submit the incorrect documentation, the approval process will be delayed significantly.**

**Proof of payment can be:**

1. An invoice marked as paid in full and dated. While this document can be the same as the Original Contractor Invoice, you will need to upload a document in this step.
2. Cancelled checks (image of front and back)
3. Receipts
4. Bank statements
5. A financing agreement

**Proof of Payment**

# Draw Request - Proof of Insurance

## Discount

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Case Id:

Name:

Address:

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### Proof of Insurance Discount

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Please provide the following information.

You will need to provide evidence that you have submitted your Final Inspection Report to your insurer by providing an email, letter, new declarations page, or new insurance quote that lists the amount of discounts you have received after they have reviewed the Final Inspection Report.

**DO NOT submit your draw request if you do not have the correct documentation. If you upload and submit the incorrect documentation, the approval process will be delayed significantly.**

**Evidence can be:**

1. A new declarations page that reflects any new discounts received
2. An email from your insurance provider stating the amount of discounts received, or that discounts will not be applied
3. A quote from an insurance provider showing either the amount of discounts or a new premium
4. A letter from your insurance provider stating the amount of discounts received, or that discounts will not be applied

**Proof of Insurance Discount \*Required**

# Draw Request - Payment Verification

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Case Id:  
Name:  
Address:

## Payment Verification

Please provide the following information.

**In order to process your payment, we will need the following information. Please ensure that you enter this information correctly, as incorrect information will delay your payment.**

**Please confirm that your name is correct. If it is not correct, please contact us here; [My Safe Florida Home Support](https://wlf.ms/412L6x6) <https://wlf.ms/412L6x6>.**

**First Name**

**Last Name**

**Please enter the address you would like the check to be sent to. If you do not enter this address correctly, your payment will not reach you.**

**Calculated Reimbursement Amount**

**\$0.00**

**NOTE: Check payments cannot be delivered to an active USPS forwarding address and will be returned to Department of Financial Services.**

**The My Safe Florida Home Program is required by statute to obtain the social security number of all beneficiaries of the Program.**

**Please enter your Social Security number. DO NOT add dashes ( - ) or anything other than a number.**

**Privacy Statement:**

*Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.*

*Disclosure of your social security number on this form is: mandatory pursuant to 42 U.S.C. Section 405. The purpose(s) for the requested information is that social security numbers collected will be used by the Department of Financial Services as follows: identification of applicants and making payments to*

*qualifying individuals under the My Safe Florida Home Program. Your social security number is confidential and exempt from the disclosure requirements of section 119.07(1), F.S., and section 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under section 119.071(5)(a), F.S.*

*A copy of this Privacy Statement is provided to you as required by section 119.071(5)(a)3., F.S.*

**I hereby affirm that the information I have provided to the Program is true and correct to the best of my knowledge. I understand that:**

- Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. *See § 837.06, Florida Statutes.*
- Any person who shall make or cause to be made any false statement, in writing, relating to his or her financial condition, assets or liabilities, or relating to the financial condition, assets or liabilities of any firm or corporation in which such person has a financial interest, or for whom he or she is acting, with a fraudulent intent of obtaining credit, goods, money or other property, and shall by such false statement obtain credit, goods, money or other property, shall be guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. *See § 817.03, Florida Statutes.*
- Any person who willfully files with the Department, or who willfully signs for filing with the Department, a materially false or materially misleading financial statement or document in support of such statement required by law or rule, with intent to deceive and with knowledge that the statement or document is materially false or materially misleading, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. *See § 817.2341(1), Florida Statutes.*
- Any person who knowingly makes a material false statement or report to the Department or any agent of the Department, or knowingly and materially overvalues any property in any document or report prepared to be presented to the Department or any agent of the Department, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. *See § 817.2341(3)(a), Florida Statutes.*