## **HOMEOWNER VOLUNTARY WITHDRAWAL**

I/We no longer wish to participate in the Hazard Mitigation Grant Program (HMGP) for elevation and voluntarily withdraw our property from the program. I/We understand that by completing this form, we will remove our application from HMGP consideration to receive grant funds to assist with the elevation of our home. I/We understand that we will not be able to resubmit our application for this program once it has been withdrawn.

Property Address			
	NJ		
City	State	Zip	
Owner Name (s)	Signature (s)	Date	
Co-Owner Name (s)	Signature (s)	Date	
Are you signing as an agent w	ith the Power of Attorney for an	applicant (circle one)?	YES NO
If signing as agent with Power	of Attorney (POA):		
Agent Name	Signature	Date	
Acknowledgement of HMGP	State Representative:		
Name	Signature	Date	