



MIKE BEEBE
GOVERNOR

STATE OF ARKANSAS
DEPARTMENT OF EMERGENCY MANAGEMENT



DAVID MAXWELL
DIRECTOR

SAFE ROOM/SHELTER REBATE APPLICATION

Part I -Homeowner Information (can be only one (1) individual and SSN#)

Full Name _____ **Required**
SS# _____

Mailing Address: _____
City _____ Zip _____

Physical Address of Shelter _____

Phone# _____ Cost of Shelter and installation _____

Email Address: _____ Date Paid _____
(Receipt of payment must be attached)

- 1) Do you own your home? Yes No
- 2) Is it your primary residence? Yes No
- 3) Are you currently living at this residence? Yes No
- 4) Type of Installation: Safe Room Underground Shelter

**FUNDS ARE NOT
GUARANTEED**

I understand the following:

- A. The safe room/shelter must have been installed after January 21, 1999.
- B. Safe room installation must meet standards in FEMA publication #320 and all state, city and county codes.
- C. The stipend will be \$1,000 or 50% of the cost, whichever is less.
- D. Only one rebate is given per person per lifetime.
- E. Labor by homeowner can not be reimbursed.
- F. Storm shelter/safe room has been paid in full.

Homeowner's Signature _____ Date _____

Upon completion of the structure, call your County Coordinator to complete the verification portion of the application.

Part II -Verification:

Coordinator Name: _____ County _____

Address _____
City _____ Zip _____

Phone _____

I certify the installation of the safe room/in-ground shelter, located at the address in Part I has been completed, and meets all city and county codes.

Coordinator Signature _____ Date _____

Disclaimer: Neither ADEM or the verification official (County Coordinator/representative) guarantees the safety of the shelter, in regards to quality of neither materials nor installation, only that installation has been completed and meets the requirements for reimbursement through the ADEM Safe Room/Shelter Program.

ADEM Form 301 05/16/13