

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

OMB Control No. 1660-0040
Expires: 10/31/18


SECTION I - LOAN INFORMATION				
1. LENDER/SERVICER NAME AND ADDRESS Customer Number 1000168170 Address UNIVERSAL CREDIT SERVICES-TEST ACCT 201 MAPLE AVE PO BOX 187 CLIFTON HEIGHTS, PA 19018 Delivery Method: FDR-COM - WEB	2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.) Borrower: CONSUMER, JONATHAN Determination Address: 27692 DEVONSHIRE ST SOUTHFIELD, MI 48076-5644 OAKLAND COUNTY APN/Tax ID: _____ Lot: _____ Block: _____ S/D: _____ Phase: _____ Section: _____ Township: _____ Range: _____			
3. LENDER/SERVICER ID #	4. LOAN IDENTIFIER 1234565	5. AMOUNT OF FLOOD INSURANCE REQUIRED		

SECTION II			
A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION			
1. NFIP Community Name SOUTHFIELD, CITY OF	2. County(ies) OAKLAND COUNTY	3. State MI	4. NFIP Community Number 260179
B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME			
1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A") 26125C0657F	2. NFIP Map Panel Effective / Revised Date September 29, 2006	3. Is there a Letter of Map Change (LOMC)? <input checked="" type="radio"/> NO <input type="radio"/> YES (If yes, and LOMC date/no. is available, enter date and case no. below). Date: _____ Case Number: _____	
4. Flood Zone X	5. No NFIP Map <input type="checkbox"/>		

C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply.)
1. <input checked="" type="checkbox"/> Federal Flood Insurance is available (community participates in the NFIP). <input checked="" type="checkbox"/> Regular Program <input type="checkbox"/> Emergency Program of NFIP 2. <input type="checkbox"/> Federal Flood Insurance is not available (community does not participate in the NFIP). 3. <input type="checkbox"/> Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA). Federal Flood Insurance may not be available. CBRA/OPA Designation Date: _____

D. DETERMINATION
IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, flood insurance is required by the Flood Disaster Protection Act of 1973. If no, flood insurance is not required by the Flood Disaster Protection Act of 1973. Please note, the risk of flooding in this area is only reduced, not removed. This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building /mobile home on the NFIP map.

E. COMMENTS (Optional)	HMDA Information
LIFE OF LOAN DETERMINATION This flood determination is provided solely for the use and benefit of the entity named in Section 1, Box 1 in order to comply with the 1994 Reform Act and may not be used or relied upon by any other entity or individual for any purpose, including, but not limited to, deciding whether to purchase a property or determining the value of a property.	State: 26 County: 125 MSA/MD: 47664 CT: 1612.00

F. PREPARER'S INFORMATION	
NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender)  ServiceLink National Flood 1521 N Cooper St Fourth Floor Arlington, TX 76011-5942 Phone: 1.800.833.6347 Fax: 1.800.662.6347	DATE OF DETERMINATION October 18, 2016 ORDER NUMBER 2136485086