



**ARKANSAS DEPARTMENT OF EMERGENCY MANAGEMENT**  
 Bldg #9501, Camp Joseph T. Robinson,  
 North Little Rock, AR 72199-9600  
 (501) 683-6726 or (501) 683-6700      bonnie.arnold@adem.arkansas.gov

**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: \_\_\_\_\_

Do you own your home?      Yes      No

Is it your Primary Residence?    Yes      No

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. Labor by homeowner can not be reimbursed.

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.**



# Certification/Affidavit For Safe Rooms



**THIS APPLIES ONLY TO SAFE ROOMS AND NOT IN-GROUND SHELTERS**

Date \_\_\_\_\_

Contractor Name/Company \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

Phone # \_\_\_\_\_

The safe room structure built for \_\_\_\_\_ at

Address \_\_\_\_\_,

**(Must Be Physical Address)**

**was built to specifications as provided in FEMA Publication 320.**

\_\_\_\_\_  
Signature of Contractor

Subscribed and sworn before me \_\_\_\_\_, a notary

public in the County of \_\_\_\_\_ on this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
My commission expires