

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

OMB Control No. 1660-0040  
Expires: 09-30-2023

<b>SECTION I - LOAN INFORMATION</b>			
1. LENDER/SERVICER NAME AND ADDRESS  <b>Customer Number</b> 1000260998 <b>Address</b> THE FEDERAL SAVINGS BANK 4120 W DIVERSEY AVE STE C501 CHICAGO, IL 60639-2399  <b>Delivery Method:</b> FDR-COM - WEB		2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.)  <b>Borrower:</b> KIRSCHENBAUM, AHARON <b>Determination Address:</b> 74 WILLOW DR JACKSON, NJ 08527-3842 OCEAN COUNTY  <b>APN/Tax ID:</b> <b>S/D:</b> <b>Section:</b>  <b>Lot:</b> _____ <b>Block:</b> _____ <b>Phase:</b> _____ <b>Range:</b> _____	
3. LENDER/SERVICER ID #	4. LOAN IDENTIFIER  10923080228		5. AMOUNT OF FLOOD INSURANCE REQUIRED
<b>SECTION II</b>			
<b>A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION</b>			
1. NFIP Community Name JACKSON, TOWNSHIP OF	2. County(ies) OCEAN COUNTY	3. State NJ	4. NFIP Community Number 340375
<b>B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME</b>			
1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A")  34029C0160F	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 No: _____	
4. Flood Zone  X	5. No NFIP Map  <input type="checkbox"/>		
<b>C. FEDERAL FLOOD INSURANCE AVAILABILITY</b> (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: _____			
<b>D. DETERMINATION</b>			
<b>IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")?</b> <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.			
<b>E. COMMENTS (Optional)</b>		<b>HMDA Information</b>	
		State: 34 County: 029 MSA/MD: 35154 CT: 7171.02 34029717102	
<b>LIFE OF LOAN DETERMINATION</b>			
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.			
<b>F. PREPARER'S INFORMATION</b>			
NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender)		DATE OF DETERMINATION September 05, 2023	
 ServiceLink National Flood 500 E. Border St Third Floor Arlington, TX 76010		ORDER NUMBER 1437818745	
Phone: 1.800.833.6347 Fax: 1.800.662.6347			