



Natural Resources Disaster Relief Assistance Program (NRDRAP)

Split Property / Authorized Payee Agreement Form

By signing this form, each owner confirms that the person or entity named below is authorized to receive payment under NRDRAP on behalf of all owners of the eligible property. DACF is not responsible for determining how payment is divided among multiple owners. Any arrangement regarding division of funds is the responsibility of the owners.

By executing this agreement, each owner acknowledges and agrees that payment made by DACF to the designated payee satisfies DACF's payment obligation for the eligible loss associated with the application.

Applicant / Legal Entity Name: _____

Authorized Payee Name	
Mailing Address	
Phone Number	
Email Address	

Owner Certifications

I certify that I am an owner of the eligible property, timber stand, or other interest associated with the NRDRAP application listed above. I further certify that I agree the individual or entity named above is authorized to receive payment under NRDRAP on behalf of all owners.

Owner Name	Signature	Date

Witness Signature: _____

Subscribed and sworn to before me on this _____ day of _____, 20____, by the parties who are personally known to me or who have produced _____ as identification.

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