

Damage Survey

(This is not an application for assistance. The purpose of this document is to gather damage information in order to assess the level of assistance.)

Name: _____

Damaged Home Address:

Temporary Mailing Address:

Contact Numbers: (___) _____ (___) _____

Please specify: Homeowner Renter

Primary Residence Rental Property Secondary Residence

If this is your secondary residence, is the property used as a vacation rental? Yes No

Pre-Disaster Estimated Home Value: \$ _____

Briefly Describe Damage (such as, completely destroyed, smoke damage, inaccessible, vehicle loss, etc.): _____

Insurance Coverage: (such as, Homeowner's Insurance or Rental Insurance)

Was the property insured? _____ *If yes, please answer the following:*

Type of coverage? _____

Amount of coverage? _____

Does your policy include Additional Living Expenses (ALE)? _____

Please answer the following:

1. Was the property used as a home business? Yes No
2. Are you unemployed or have you lost your income as a result of this disaster? Yes No
If yes, please explain:
3. Have you been able to obtain copies of vital records that may have been destroyed? (i.e., birth certificates, driver's license, vehicle registrations, etc.)
4. What is your greatest concern(s) at this time?
5. If applicable, would you like to be contacted by non-profit agencies that may assist with Long Term Recovery Efforts? Yes No