

ESTIMATED DAMAGES INCURRED BY INDIVIDUAL HOMEOWNERS

County of _____ DATE: _____

City: _____

Tribal Nations Reservation Name: _____

Completion of this document will help determine if Federal Assistance is possibly available for individual Homeowners. Please complete this document as thoroughly as possible. If additional information is needed you may be contacted for clarification.

LAST NAME: _____

FIRST NAME: _____

ADDRESS _____

WORK PHONE: _____ CITY _____ ST _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Please provide a brief description of the damages to your residence from flooding.

Level of home affected? Basement/Main /Upper _____

Amount of water in home? Inches _____ Feet _____

Septic Systems? YES _____ NO _____

Operational? YES _____ NO _____

Mold Issues? YES _____ NO _____

Is this your primary residence? YES _____ NO _____

Is the Home inaccessible due to flood waters? YES _____ NO _____

Family Displaced? YES _____ NO _____

If Yes: Do you have a place to stay until repaired? Hotel/ with Family? YES _____ NO _____

Do you have Homeowners Insurance that will cover these damages? YES _____ NO _____

Do you have flood insurance that will cover these damages? YES _____ NO _____

Is your home habitable? YES _____ NO _____

Was your furnace destroyed by the storm? YES _____ NO _____

Was your hot water heater destroyed by the storm? YES _____ NO _____