

## 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:*

Amount of coverage for real property? \_\_\_\_\_

Amount of coverage for personal property? \_\_\_\_\_

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