

DO NOT STAPLE

Event Number:

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Iowa Department of Human Services
Disaster Reimbursement Grant Program
Individual Disaster Assistance Application

Social Security Number:

SSN input boxes

Questions? - Call 1-877-937-3663

1) Applicant Information - (applicant must be 18 years or older)

First Name: MI: Last Name: [input boxes]

Date of Birth: (MM/DD/YYYY) Gender: [input boxes] Female Male

Number of people living in household at time of disaster event: [input boxes] Number of Children (up to age 17) Number of Adults (18 or older)

Total annual household income: \$ [input boxes]

2) Contact Phone Numbers

Area Code Phone Number Notes Damaged Dwelling Phone: Current Phone Number: Cell Phone: Alternative Phone:

Email: [input box]

3) Address of Damaged Dwelling

Street Address: [input boxes]

City: [input boxes] State: [input boxes] Zip: [input boxes]

County: [input boxes]

Do you rent or own this dwelling? Rent (Furnished) Rent (Unfurnished) Own

Type of Dwelling: Home Townhome Apartment Mobile Home

Do you have homeowner's or renter's insurance? Yes No

4) Mailing Address Check here if same as above

In Care Of: [input boxes]

Street Address: [input boxes]

City: [input boxes] State: [input boxes] Zip: [input boxes]

County: [input boxes]

5) Alternate Contact - In case we cannot reach you using the information provided above

Name: [input boxes]

Phone: ([input boxes]) [input boxes] - [input boxes]

Social Security Number:

Grid for Social Security Number: [][][] - [][] - [][][][][]

6) Damages - Total Reimbursement Request Cannot Exceed \$3,319

6a) - Kitchen -- Category Cap \$560

- (1) Equipment/Furnishings \$560 maximum
- (2) Food \$50 For 1 Person
\$25 for each additional person

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6b) - Bathroom -- Category Cap \$150

- (1) Personal Hygiene Items \$30 per person

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6c) - Bedroom Furnishings -- Category Cap \$875

- (1) Bedroom Furnishings \$250 max per person
EXAMPLE: mattress, box springs, frame, storage containers
- (2) Clothing \$145 max per person

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6d) - Other Items

- (1) HVAC \$2,100 installed
Air Conditioning covered only with proof of medical necessity
- (2) Water Heater \$425 installed
- (3) Dehumidifier \$150 maximum
- (4) Sump Pump (flood event only) \$200 installed
- (5) Electrical/Mechanical \$300 maximum
- (6) Vehicle Repair \$500 maximum
Does not cover recreation-use vehicles, such as boat, RV, ATV, etc.
- (7) Infant Car Seat \$40 maximum

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6e) - Minor Home Repair / Materials -- Category Cap \$1,000

- (1) Structural Components EXAMPLE: foundation, roof
- (2) Interior EXAMPLE: floors, walls, ceilings, doors, windows, carpet

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6f) - Temporary Housing -- Daily Cap \$50.00

- (1) Temporary Housing [][][] days max \$50 per day

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6g) - Total Requested Reimbursement -- Maximum \$3,319

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7) Signatures

I attest that the information provided on this form is true and accurate. I am providing this information to the Iowa Department of Human Services, Homeland Security and Emergency Management, and County Emergency Management to request reimbursement for expenses under the Iowa Individual Disaster Grant Program. I authorize the re-release of this information to other aid organizations and persons to administer this program as determined necessary by the Iowa Department of Human Services. I attest that persons receiving assistance in this household are legal residents of the United States. I understand that I am not eligible for benefits under this program if I have insurance that covers losses claimed or if I have received assistance from other programs and that this program does not provide payment for insurance deductibles. I understand and agree that if expenses claimed on this form are paid for by another entity or program, including a charity, Federal Emergency Management, Small Business Administration, I will repay the funds received to the State of Iowa. I understand I have a right to withdraw this claim. I understand I have a right to appeal eligibility and damage award decisions within 15 days of a decision.

Applicant: [] Date: [] / [] / []

The applicant's address is located in a designated Governor-declared disaster area for the disaster event identified above. The claims made by this applicant are accurate to the best of my knowledge at this time. The office of Iowa Homeland Security Emergency Management will maintain copies of this application and receipts for a period of five years.

County Emergency Management Coordinator or Designee: [] Date (MM/DD/YYYY) [] / [] / [] County Number: []

Iowa Department of Human Services Designated Official: [] Date (MM/DD/YYYY) [] / [] / []

Original receipts for all replacement items must be submitted with the application. Purchase dates on each receipt must be no earlier than the first date of the disaster event and within 45 days of the Governor's declaration of a qualifying disaster event.