

|                                |  |
|--------------------------------|--|
| Property Address               |  |
| Mailing Address (if different) |  |
| Homeowner Name(s)              |  |
| Cell Phone #                   |  |
| Secondary Phone #              |  |
| Email Address(es)              |  |

Preferred Project Type       Elevation       Acquisition/Buyout       Reconstruction  
 (select all you may be interested in)

Square Footage Living Area \_\_\_\_\_ Square Footage Under Roof \_\_\_\_\_

Estimated Fair Market Value of home? \_\_\_\_\_ Year Built \_\_\_\_\_

Has the home been appraised recently?       Yes       No

Manufactured Home?       Yes       No

Construction Type?       Brick       Wood       Stucco

Number of Levels?       One       Two       Split Level

Foundation Type?       Slab       Piers       Pilings

Type of Residence?       Primary       Secondary       Rental

May a Parish inspector visit/inspect property?       Yes       No

Must the homeowners be present during inspection?       Yes       No

Current flood insurance through the NFIP?       Yes       No  
 (If Yes, please provide a copy)

Do you have current Elevation Certificate?       Yes       No  
 (If Yes, please provide a copy)

Able to fund a homeowner cost share if required?       Yes       No

Any hazardous materials located on property?       Yes       No

Is there a mineral/subsurface lease on the property?       Yes       No

Do you anticipate the structure needing to be ADA compliant or any other access considerations should the structure be elevated or reconstructed?       Yes       No

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

### Flood Event Information

| Flood Occurrence<br>(Year/Month) | Insurance Claim<br>Filed?<br>(Yes/No) | Amount of<br>Insurance Proceeds<br>Received<br>(\$) | Duration of<br>Flooding<br>(if known) | Depth of Flooding<br>(if known) |
|----------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------|
|                                  |                                       |   |                                       |                                 |
|                                  |                                       |   |                                       |                                 |
|                                  |                                       |   |                                       |                                 |
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|                                  |                                       |   |                                       |                                 |
|                                  |                                       |   |                                       |                                 |
|                                  |                                       |   |                                       |                                 |

Were all insurance proceeds used to repair home? Yes No

Can you provide receipts or other proof that insurance proceeds were spent on repairing home if requested? Yes No

Have you received any other funding for repairs activities? (list below)

|  | Amount   | Date Received |
|--|----------|---------------|
| Small Business Administration (SBA) Loan | \$ _____ | _____         |
| Increased Cost of Compliance (ICC)       | \$ _____ | _____         |
| Homeowners Insurance                     | \$ _____ | _____         |
| Temporary Housing Assistance             | \$ _____ | _____         |
| Farmer's Home Administration (FHA)       | \$ _____ | _____         |
| Volunteer Agencies                       | \$ _____ | _____         |
| Cora Brown Fund                          | \$ _____ | _____         |
| Road Home Program Compensation Grant     | \$ _____ | _____         |
| Restore Program                          | \$ _____ | _____         |
| Other                                    | \$ _____ | _____         |

For any of the funding listed above, did you receive any amount for the purpose of mitigating your structure? Yes No

If Yes, please provide the amount received to mitigate your structure: \_\_\_\_\_

Number of people living in the home \_\_\_\_\_ Number of people in the home employed \_\_\_\_\_  
(this information is for FEMA Benefit/Cost Analysis Purposes only)

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responses Prepared By: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_