

Disaster Recovery Organization  
HOMEOWNER'S ASSESSMENT

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CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Address of damaged home: \_\_\_\_\_
2. Do you intend to occupy this property as your primary residence?  YES  NO
3. Did you own your home before the disaster?  YES  NO
4. If YES, did you:  Solely Own  Jointly Own with Spouse  Jointly Own / Someone other than Spouse
5. Was this your primary residence?  YES  NO
6. Check type of home:  Single Family House  Multiple Housing  Duplex  Mobile Home
7. Check the degree of disaster damage to your home:  Total Loss  Major Damage  Minor Damage
8. Do you own the land where your home was/is located?  YES (Attach copy of deed)  NO
9. Was the land acquired separately than the house?  YES If yes, complete the following:  NO
  - a. Year Lot was acquired \$ \_\_\_\_\_
  - b. Purchase price of lot \$ \_\_\_\_\_
  - c. Existing liens on lot \$ \_\_\_\_\_
  - d. Present value of lot \$ \_\_\_\_\_
  - e. Estimated cost of improvements \$ \_\_\_\_\_
  - f. Value of lot (d + e) \$ \_\_\_\_\_

MORTGAGE and TAX INFORMATION

1. Do you have a mortgage?  YES  NO (skip to question 2)
  - a. What is the amount of your monthly mortgage payments? \$ \_\_\_\_\_
  - b. What is the value of the property? \$ \_\_\_\_\_
  - c. What is the principle owed on your property? \$ \_\_\_\_\_
  - d. Are you behind in your mortgage payments?  YES Amount \$ \_\_\_\_\_  NO
2. Are you behind in your tax payments?  YES Amount \$ \_\_\_\_\_  NO
3. Verification obtained for:  Mortgage or Deed  Taxes  Other \_\_\_\_\_

POST - DISASTER LOAN

Have you applied for a post-disaster or second home loan since the disaster?  YES  NO

If YES, who was your application with and when? Name, address and phone number of loan provider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the status of your loan application?  Approved Amount \$ \_\_\_\_\_  Denied  Pending

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CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**HOMEOWNER'S INSURANCE INFORMATION**

1. Do you/did you have insurance on your home?  YES  NO
- a) If YES, what type of insurance did you carry?  Homeowners  Flood
- b) If YES, have you settled with your insurance company?  YES  NO
- c) If you have reached a settlement, how much **did you / will you** receive? \$ \_\_\_\_\_

2. Name, address and phone number of homeowners insurance company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Describe how you have spent, or plan to spend, the insurance settlement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If you still have monies remaining from the insurance settlement, where is that money held at the present time?

Name, address, and phone of banking institution \_\_\_\_\_

Account # \_\_\_\_\_ Name(s) on account \_\_\_\_\_

**INSURANCE SUMMARY**

\$ Insurance	Estimated Disaster Loss	Amount of coverage	Amount of settlement	Amount of settlement available today	Name and address of insurance company or agent	Verified by date
Home						/
Contents						/

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IMPROVEMENTS TO PRE-DISASTER DWELLING

1. What repairs and/or improvements have been made to your home as of today?
  
2. What repairs and/or improvements are planned in order for your home to be made habitable?
  
3. What is the timeline for these repairs?
  
4. Do you have estimates for these repairs?       YES Total estimates \$ \_\_\_\_\_       NO
  
5. Are you contracting with FEMA approved service providers for these repairs?
  
6. If you have any funds to apply towards the construction/rebuilding of your home, how much will you commit?
  
7. What financial or other resources are still needed to make the necessary repairs so that your home can be habitable?
  
8. Have you consulted with a financial planner or other professional in your decision-making process?       YES       NO  
If NO, would you like a referral for financial planning assistance?       YES       NO
9. Will you be able to work with volunteer builders on the construction of you home?       YES       NO
10. Are there family and/or friends that can help in the rebuilding of your home?       YES       NO

Referred for financial counseling / legal counseling / real estate agent of client's choice: \_\_\_\_\_

\_\_\_\_\_  
*Caseworker's Signature*

\_\_\_\_\_  
*Date*