

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:

Name input boxes

Date of Birth: (MM/DD/YYYY)

Date of Birth input boxes

Gender: Female Male

Number of Children (up to age 17)

Number of Children input boxes

Number of people living in household at time of disaster:

Household size input boxes

Number of Adults (18 or older)

Number of Adults input boxes

NOTE: Include copy of photo ID for each adult

Total annual household income: \$

Income input boxes

Include proof of income such as a recent pay stub, a W-2 form, income tax return, or proof of eligibility for public assistance (Food Assistance, FIP, Medicaid, WIC, etc.)

2) Contact Phone Numbers

Contact phone numbers table with columns: Area Code, Phone Number, Notes

Email:

Email input box

3) Address of Damaged Dwelling

Attach a short, handwritten narrative of the disaster event and how the disaster caused the loss being claimed. Include the applicant's name and SSN on the attachment.

Street Address:

Street address input boxes

City:

City input boxes

State:

State input boxes

Zip:

Zip input boxes

County:

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:

In Care Of input boxes

Street Address:

Mailing street address input boxes

City:

Mailing city input boxes

State:

Mailing state input boxes

Zip:

Mailing zip input boxes

County:

Mailing county input boxes

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

Name:

Alternate contact name input boxes

Phone:

Alternate contact phone input boxes

Social Security Number:

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**6) Damages - Total Reimbursement Request Cannot Exceed \$5,000**

**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) Infant Car Seat \$40 maximum
- (2) Dehumidifier \$150 maximum
- (3) Sump Pump (flood event only) \$200 installed
- (4) Electrical/Mechanical \$1,000 maximum
- (5) Water Heater \$425 installed
- (6) Vehicle Repair \$500 maximum  
Does not cover recreation-use vehicles, such as boat, RV, ATV, etc.  
Include copy of current vehicle registration and liability insurance card
- (7) HVAC \$2,100 installed  
Air Conditioning covered only with proof of medical necessity

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**6e) - Minor Home Repair / Materials -- Category Cap \$5,000**

- (1) Structural Components EXAMPLE: foundation, roof
- (2) Interior EXAMPLE: floors, walls, ceilings, doors, windows, carpet
- (3) Debris Removal \$1,000 maximum

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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 \$5,000**

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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:  /  /

I confirm that (1) The address provided on the application is a valid address and is reasonably believed to be in the disaster-affected area, and (2) Disaster-related expenses were possible as a result of the current disaster. 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.