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INDIANA DEPARTMENT OF HOMELAND SECURITY STORM DAMAGE QUESTIONNAIRE

Date: _____ County: _____ City/Town: _____

Type of dwelling: () House, () Apt., () Mobile Home, () Business

Name: _____ Phone # _____

Address: _____

() OWN () RENT, Renters please give property owner information:

Name: _____ Phone # : _____

Address : _____ City: _____

Is your home constructed of: () wood; () brick; () siding; ()

Other: _____

Do you have a: () basement; () crawlspace; () Concrete slab; () Other: _____

Did damage occur in the basement? () YES () NO

Did damage occur at the first floor level? () YES () NO

Was the source of flooding sewer backup? () YES () NO

Depth of flood water in basement: _____ () Yes () NO

Is your basement Essential Living Space? _____ () Yes () NO

What kind of Living Space: _____

Depth of flood water in first floor level: _____ () 1; () 1 1/2; () 2 () B/T/H-level

How many floor levels does your home have? () YES () NO

Was there any damage to your foundation? () YES () NO

If yes, to what extent _____

Was there damage to your personal property? () YES () NO

If yes, what was damaged? _____

Do you have homeowners insurance? () YES () NO

If yes, what is the company name? _____

Is your home in a designated floodplain? () YES () NO

Do you have Flood Insurance? () YES () NO Policy date: _____

Do you have sewer back-up insurance? () YES () NO

Additional information or directions to damaged property: _____

**THIS FORM IS NOT AN APPLICATION FOR ANY ASSISTANCE PROGRAM
Be sure to consult your local Permitting Official before you start any repairs!**

Please return this form to your Local Emergency Management Agency Office

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