

# Individual Assistance Street Sheet

County	Municipality	Date	Assessor
Select One			
<b>EVENT TYPE</b> (i.e., Flood, Wind Driven Rain, Tornado, etc.)	<input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Tornado <input type="checkbox"/> Wind Driven Rain		

Location (Street Address, Apt/Condo, Complex, MH Park)	Type of Structure	Status	Depth of Water	Insurance	Local Preliminary Determination			
	<input type="checkbox"/> SF <input type="checkbox"/> MH <input type="checkbox"/> Apt <input type="checkbox"/> Condo <input type="checkbox"/> Business	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Basement:    ft.    in. 1 <sup>st</sup> Floor:    ft.    in. Crawl Space:    ft.    in.	<input type="checkbox"/> Flood <input type="checkbox"/> Homeowners <input type="checkbox"/> Renter <input type="checkbox"/> Sewer B/U Rider	Destroyed	Major	Minor	Affected

Structural damage to home  Yes  No      Describe damage to home

Home fixtures damaged or destroyed  Yes  No      Describe damaged or destroyed fixtures

Personal Property Losses  Yes  No      Describe Personal Property Lost

Comments: