

Iowa Disaster Assistance Application

Iowa Disaster Assistance Application Date of disaster _____		
(1) Applicant Information (personal information) Include PICTURE ID OF ALL ADULTS		
(a) Name:		(b) Total Annual Household income
Household income must be less than 200% of Federal Poverty Level		
(c) Date of birth:	(d) SSN: - -	(e) Phone: - - Cell - -
(f) Damaged address:		
(g) City:	(h) County:	(i) ZIP Code:
(j) Own Rent (Please circle)	(k) Insurance Company:	(l) Insurance phone:
(m) Alternate contact Name and Phone number:		
(n) Current address if different from above	(o) Damaged address (Please circle one) Home Townhome Apartment Mobile	Questions call : 1-866-434-4692
(n)	(p) Number of adults in home _____ Number of children in home _____	(q) Receipts provided Y__ N__ Request voucher program Y__ N__
(2) Loss Information (Include receipts for replaced item (s) If no receipts, request voucher program		
Reason for loss (Please circle) Tornado Flood Earthquake Other (Please Explain with additional sheet)		
Structural Damage Cost to repair \$5,000 maximum _____		Kitchen loss \$560.max _____
Bed furniture \$250 per person _____	Clothing \$145 per person _____	HVAC \$2100 max _____
Water heater \$425 max _____	Dehumidifier \$150 max _____	Sump pump \$200 max _____
Electrical \$1000 max _____	Disaster Vehicle repair \$500 max	Temp housing max \$50 per day _____
Total requested _____	Debris Removal \$1000 max _____	\$5,000.00 maximum grant.
(3) Attestation:		
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 and County Emergency Management to request reimbursement for expenses under the Iowa Individual Assistance Disaster Grant Program. I authorize the release of this information to other aid organizations and persons to administer this program as determined to be necessary by the Iowa Department of Human Services. I attest that persons receiving assistance in the household are legal residents of the United States. I understand that if I am not eligible for benefits under this program, or if I have insurance that covers losses claimed, or if I have received assistance from other programs for the same claimed items to include but not limited to a non profit charitable organization, Federal Emergency Management, or Small Business Administration, I hereby agree to repay any funds acquired through this program back to the State of Iowa Department of Human Services. I understand I have the right to appeal eligibility and damage award decisions within 15 days of a decision.		
Applicant Signature :		
Date:		
(4) County Emergency Management Coordinator		
I confirm that (1) The address provided on this application is a valid address and is reasonably believed to be in the disaster affected area. (2) Disaster related expenses were possible as a result of the current disaster.		
(A). _____ County has an appointed entity and is referring this application to _____ to be considered for the locally administered Voucher program.		
(B). _____ County does not have an appointed entity to consider vouchers for disaster assistance. I am forwarding the application to the Department of Human Services to be processed as a <u>Reimbursement only grant and all receipts are being forwarded with the application.</u>		
County Emergency Management Coordinator		
Signature: _____		Date: _____
(5) DHS Central office Signature		
Signature _____		Date: _____

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Instructions for completion of the Iowa Disaster Assistance Application

Section 1 applicant information - Complete all boxes that pertain to your household members.

- (a) Your name.
- (b) The total yearly income for all persons living in your home?

NOTE: Household income must be less than 200% of Federal Poverty Level

National Poverty Guidelines									
2011 National Poverty Guidelines									
Family Size	1	2	3	4	5	6	7	8	Per person additional
200% of Federal Poverty Level (monthly income)	\$1,815	\$2,452	\$3,089	\$3,725	\$4,362	\$4,999	\$5,635	\$6,272	\$637

- (c) Your date of birth
- (d) Your social security number.
- (e) Your phone numbers
- (f) The address of your damaged dwelling. The address where you live that was damaged by the disaster.
- (g) City
- (h) County
- (i) Zip code
- (j) Whether you own or rent your home?
- (k) Your insurance company name
- (l) Phone number of your insurance company
- (m) A name of an alternate contact and phone number.
- (n) Current address if different from the damaged address.
- (o) What type of structure is it?
- (p) Number of adults that live in the home, Number of children that live in the home.
- (q) To participate in the re-imbusement program include all receipts for replacement items claimed.

To participate in the voucher program request the voucher program information from your local emergency manager.

Section 2 Loss Information - Complete all boxes that apply to your losses and include receipts for replacements. If you do not have replacement receipts or do not have funds to replace lost items ask if there is an entity that has been approved by your county to assist you obtain vouchers for replacement. **To apply for re-imbusement grant you must have receipts for repairs attached to the application.**

Section 3 Attestation - Read this area carefully. If you are provided duplicate assistance by other organizations, the Department will pursue the return of state funds. You must also be a legal resident of the United States to apply for assistance. Your right to appeal is also explained in this area. Your original signature is required on the application. Date the application with the date signed.

Section 4 County Emergency Management Coordinator - determines if the address provided is in the disaster affected area. Determines if stated losses could have reasonably been caused by the related disaster. (A.) If the county has determined an entity to handle a local voucher system and vouchers are requested the coordinator will pass the application to the appropriate entity and submit a copy of the application to the Department of Human Services. (B.) If the county does not have an appointed entity the application is process as a re-imbusement grant through the normal submission process. All receipts for repairs shall be included with the application for submission. Coordinator signs and dates the application and submits to Homeland Security Emergency Management at "DRGP" 7105NW 70th Avenue, Johnston Iowa 50131

Section 5 DHS Central office Signature - Department of Human Services (CENTRAL OFFICE in Des Moines) receives and processes the application. Department representative signs and dates the application and processing of the application begins.