

Property Owner Questionnaire II

Name: _____ Social Security #: _____

Telephone: Day: _____ Evening: _____

Name: _____ Social Security #: _____

Telephone: Day: _____ Evening: _____

Address of Damaged Property: _____

Mailing Address: _____

If you have already decided that you do *not* want to sell your property and do not intend to change your mind, check this box and stop here.

How many bedrooms does your property have? _____ How many people live(d) there? _____

Do you have a mortgage? Yes No How much is your monthly payment? \$ _____

How long have you lived at the property? _____ Year(s) _____ Month(s)

If you no longer live at the damaged property, what date did you move? _____

National Flood Insurance Program (NFIP) Information

Policy #: _____ 5-digit Company Code: _____

Agent's Name: _____ Telephone: _____

Have you made any repairs to your damaged property? Yes No

Please describe any repairs made: _____

Have you applied for or received any NFIP settlements for your real property? Yes No

Amount of NFIP settlements applied for or received: \$ _____

Other Federal and Non-federal Assistance

Please indicate any other assistance that you have applied for or received. Where applicable, indicate the amount received. (Check boxes under either "applied" or "received," as appropriate.)

	Applied	Received	Amount
Disaster Housing Program Grant	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
State Individual & Family Grant (IFG)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Hazard Minimization Grant	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Small Business Administration (SBA) Loan	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Save all of your receipts.

Do tenants live in this property? Yes No
 If yes, please identify them below.

Thank you for taking the time to provide this information.