DISASTER HOUSING PROGRAM
PRELIMINARY DEMAGE ASSESSMENT PROGRAM
USE ONE LINE FOR EACH
HOUSE, MOBILE HOME, OR LIVING UNIT

CITY_____ COUNTY _____ STATE____ PAGE

TYPE DISASTER FLOOD HURRICANE

ASSESSMENT TEAM: DATE

Applicant Information (House, Bldg./Apt, Box #)	Street, Route, Road, Area, Project, Mobile Home Park, Building, Development, etc.,…	Home		Type			Status		Affected Habitable	Uninhabitable			ISO NO	Water Depth			Insurance
		PRI	SEC	SF	MF	MH	Own	Rent		MIN	MAJ	DEST	UTIL	BSM	1ST	2ND	Y/N
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