

**INDIANA STATE EMERGENCY MANAGEMENT AGENCY
FLOOD 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

Amount of flood water in basement. _____

Amount of flood water in first floor level. _____

How many floor levels does your home have? () 1; () 1 1/2; () 2;

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? _____

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

What is the fair replacement value of your dwelling/business:

Structure: \$ _____ , Contents: \$ _____

Additional information/directions to damaged property: _____

THIS FORM IS NOT AN APPLICATION FOR ANY ASSISTANCE PROGRAM