

Individual Assistance Case File: #: _____ State #: _____	STATE OF ALASKA TEMPORARY HOUSING ASSISTANCE Applicant must be the family member receiving the funds	Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Renter <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Name of Applicant: (<i>Last, First MI</i>) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		2. Primary Phone Number: _____
4. Damage to primary residence making it unlivable (Mark all types of damage): <input type="checkbox"/> Destroyed <input type="checkbox"/> Essential utility service interrupted or unusable <input type="checkbox"/> Essential living area damaged and poses a serious health or safety hazard (i.e. living room, bedroom, kitchen, bathroom/no other working bathroom) <input type="checkbox"/> Inaccessible and cannot gain safe entry to it <input type="checkbox"/> Other circumstances that should be considered by division: _____ _____ _____		3. Email Address: _____
5. <input type="checkbox"/> No insurance or insurance does not cover the peril that caused damage (Skip to #7) <input type="checkbox"/> I have Insurance Insurance Company: _____ Insurance benefits have: <input type="checkbox"/> covered all damage <input type="checkbox"/> been insufficient <input type="checkbox"/> been delayed ___ days <input type="checkbox"/> Other : _____		6. Insurance Policy Number: _____
7. Are other agencies providing you with disaster assistance? <input type="checkbox"/> Yes (list) _____ <input type="checkbox"/> No (Examples: SBA, USDA Loans) <input type="checkbox"/> I did not qualify for the assistance <input type="checkbox"/> I qualified, but the assistance received does not meet the total necessary expense or serious need <input type="checkbox"/> I have not received a determination		
8. Did you own, rent, or live rent free at your primary residence before the disaster? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live Rent Free		
9. Type of home: <input type="checkbox"/> House <input type="checkbox"/> Apartment/Multi-family Building <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____		
10. Were you living there at the time of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Do you have adequate rent-free housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Has financial hardship from this disaster led to your eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you receiving any housing assistance now? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you have any other residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. (Renter's Only) Does the owner require you to vacate because their primary residence was damaged by event? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Special Considerations: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Disability:</u> Do you or your spouse meet the Social Security definition of a disability? You may obtain a copy of this definition from your DHS&EM representative. <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Special Accommodations:</u> If you or any member of your household require(s) accommodation to allow for a disability, please explain the type of accommodation required in block #24. <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Guardianship:</u> Are you under the care of a payee, a conservator or guardian? A copy of a court order is required with the application. Name _____ Phone _____ Payee / Conservator / Guardian		
17. Have you already spent money to repair your home's disaster damages? <input type="checkbox"/> Yes <input type="checkbox"/> No Dollar amount: \$ _____		
18. What disaster repairs would make your home safely livable? _____ Estimate \$ _____		
19. Do you plan to make repairs to your home? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes <input type="checkbox"/> Self Repairs or <input type="checkbox"/> Contract Repairs		
20. Your permanent housing plan is? (repaired home, rental, new purchase, etc.) _____		
21. What is the estimated timeframe? _____		22. What is the estimated cost of completed repairs? \$ _____

TEMPORARY HOUSING INFORMATION

23. Names of all persons living in home at time of disaster

Last Name, First Name	Age	Last Name, First Name	Age

24. Comments:

(Internal Use Only)

IABC _____ Approve Yes No DAPM _____ Approve Yes No

Applicant's Acknowledgement

- a. The information I have given is true, complete and correct to the best of my knowledge. I understand if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of State laws, which carry severe criminal and civil penalties.
- b. This is the only temporary housing application for my family. I understand that only one application per family may be filed.
- c. I will actively participate in my permanent housing plan so that I may have permanent housing as soon as practical.

Applicant's signature: _____ **Date:** _____

Case Manager: _____ Phone: _____