INITIAL DAMAGE ASSESSMENT - HOUSING LOSSES

(1)COUNTY:_____

(2)MUNCIPALITY:_____

(3) INCIDENT (X)
- ☐ **FLOOD**
- ☐ **HURRICANE**
- ☐ **TORNADO**
- ☐ **OTHER -**_____
  (Specify)

(4) ASSESSMENT TEAM

_____
_____
_____
_____

(5)INCIDENT PERIOD:_____

(6)DATE OF SURVEY:_____

(7)PAGE_____**OF**_____

REF NO. (8)	**NAME OF OCCUPANT** (9)	**STREET/ROUTE/SR MOBILE HOME PK/ BLDG. NAME/ DEVELOPMENT/ETC** (10)	Home (X)		Type (X)			Status (X)		Damages (Unihabitable)			**ISO (X)** (21)	**WATER LEVEL IN STRUCTURE (In Feet)** (22)	**REPLACEMENT COST OR MARKET VALUE** (23)	**TOTAL BUILDING VALUE** (24)	INS. (X)		EST. INCOME (X)		
			PRI (11)	**SEC** (12)	**SF** (13)	**MF** (14)	**MH** (15)	**OWN** (16)	**RENT** (17)	**MIN** (18)	**MAJ** (19)	**DEST** (20)					**HO** (25)	**NFIP** (26)	**LO** (27)	**MED** (28)	**HI** (29)
EM 39																					
REV. 7/96 dls																					
DAIALET.WB2		**TOTALS**																			