## **Basic Damage Report**

Type of Event (Fire, Storm, etc):		Report Date:								
Property Name:		EMAIL:								
Address:	City : (with Zip Code)	County:								
Contact person:	· • •	Contract Phone:								
Was there any damage due to the event? If yes, please explain:										

Were any residents displaced as a result? If so, how many and where were they relocated to?

Are there any vacant units that may be used for housing residents displaced by the event? If so, please indicate as follows: (*Note: availability varies constantly – places contact property for information*)

Unit size:	e: DBR		1 BR		2 BR	2 BR		3 BR		4+BR	
		Un									
	Subsidized										
# of units available:											
# of											
Applicants											
Waiting List											
Date of first											
availability											
Deposit											
amount:											
Rent											
amount:											
<b>Comments:</b>	•	•	•			•	•	•		•	
Resource Description: (Please check all that apply)											
Appliances p					1	Dishwasher		Microwave			
		01010									
Utilities provided:											
Lease required:   None   3 mos.   6 mos.   9 mos.   12 mos.     Month to Month    Other:     12 mos.											
Type of dwelling:   Apartment   Mobile Hm.   Duplex   Efficiency   House     Condo   Room   Townhouse   Trailer											
Please check all that apply to the property:ChildrenFurnishedPets Allowed											
Handicap AccessibleSection 8											
				1							
Completed b	y:										