

**Tennessee Warning Notice:** *You are not legally required to provide this information and may refuse to do so. You will not be denied assistance if you do not provide the information. This information will be used to evaluate housing rehabilitation needs and to efficiently and effectively deploy disaster recovery resources. Public data is subject to disclosure to the public upon request.*

*The information you provide will be shared with the Minnesota Housing and Program Administrator staff whose jobs require them to use it. Where access to the information is authorized by state statute or federal law, it may be available to others as authorized.*

*By providing this information, you agree to allow Minnesota Housing and applicable Program Administrators to create, collect, use, and share information as described above.*

I certify that I have read this disclaimer to the homeowner.

**Administrator Name (circle one):**      MVAC                      United Community Action                      SWMHP

**Loan Officer Name:** \_\_\_\_\_

**Loan Officer Phone Number:** \_\_\_\_\_

**Homeowner Conference Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Homeowner Information**

**First Name:** \_\_\_\_\_

**Middle Initial/Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Borrower Email Address:** \_\_\_\_\_

**Has Homeowner received a Quick Start loan from a previous disaster?**                      Yes      No

**Is Homeowner displaced?**                      Yes      No

**If yes, temporary address for displaced homeowner:** \_\_\_\_\_

**Disaster Site**

**Subject (circle one):**      Owner Occupied                      Investment                      Second Home

**Repair Cost Estimate:** \$ \_\_\_\_\_

**Subject Street Address:** \_\_\_\_\_

Subject Zip: \_\_\_\_\_ Subject State: \_\_\_\_\_ Subject City: \_\_\_\_\_

Subject County (circle one):    Brown                      Cottonwood                      Lincoln                      Lyon  
   Pipestone                      Redwood                      Renville                      Yellow Medicine

**Claims**

Name of Homeowner insurance company: \_\_\_\_\_

Homeowner filed insurance claim?                      Yes      No

Is homeowner insurance claim approved?                      Yes      No

Amount of insurance claim: \$ \_\_\_\_\_

Claim Status (circle one):      In process      Denied                      Approved                      Not Started

Has homeowner applied with FEMA?                      Yes      No

Claim Status (circle one):      In Process      Denied                      Approved

Amount: \$ \_\_\_\_\_

Has homeowner applied with SBA?                      Yes      No

Claim Status (circle one):      In Process      Denied                      Approved

Amount: \$ \_\_\_\_\_

Amount of water affecting property (circle one):

None    1-11 inches    1-5 feet    5-10 feet    More than 10 feet

Sewage damage?                      Yes      No

Describe disaster damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_