

OFFICE USE ONLY: Property Assessment Prepared: Date _____ Client Entered: Date _____ Work Completed: Date: _____			
Client Application – Churches of Christ Disaster Response Team			
DATE:	<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> RENT TO OWN	<input type="checkbox"/> RENTER OCCUPYING HOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DL#	STATE	Birthdate ____/____/____	
First Name:	Last Name	PHONE#	
ADDRESS AFFECTED:	City	St	Zip
ALTERNATE:	First Name:	Last Name	Phone# Best time to call
PROPERTY DESCRIPTION:	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Rental or income property		
PROPERTY TYPE:	<input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Modular <input type="checkbox"/> Apartment		
INSURANCE:	<input type="checkbox"/> Home Owners <input type="checkbox"/> Flood Ins <input type="checkbox"/> Renters Ins <input type="checkbox"/> No Insurance		
OCCUPANT INFO:	<input type="checkbox"/> Significant Health Issues or Circumstances (also veteran, widow etc)		
<input type="checkbox"/> Church home			
Total number of Residents in household #		Under 18: Boys Ages ____/____/____/____	Girls ____/____/____/____
Applied to FEMA? <input type="checkbox"/> Yes <input type="checkbox"/> No		FEMA# _____	Rejected? <input type="checkbox"/> Yes <input type="checkbox"/> No FEMA Amount _____
Have you received help from any other organizations: Yes <input type="checkbox"/> No <input type="checkbox"/> If so, who _____			

Name, Last

First

RIGHT OF ENTRY (ROE) – PERMISSION TO ENTER & WORK ON PROPERTY

This verifies the accuracy of the information and grants the churches of Christ permission to enter your property IF work or assistance is needed. I, (Print Name) _____, the undersigned homeowner, acknowledges, to the best of my ability, the information provided on this application is true and accurate. I do hereby grant property access and permission to churches of Christ and their volunteers to assist me as a victim of the disaster. I fully understand the voluntary make up of said work group and by signing below, I hereby release from liability and agree to hold harmless the churches of Christ and the Disaster Response Team, their representatives or volunteers for any damage or injury that may occur on my property, including personal property or to my person, during the work operation. I give permission to share my information with other recovery organizations.

Signed _____, Homeowner Signed _____, Interviewer

Must be signed before work can be assigned to a team. To add comments, check box and add on back

IMPORTANT: THIS SECTION MUST BE FILLED IN TO RECEIVE ASSISTANCE:

WORK NEEDED: Chainsaw Tear Out/Gut Tarp Roof Debris to Curb Rebuild None

OTHER LOSSES: Clothing Appliances Furniture Mattresses/Box Springs None

IMP: Height of water INSIDE home _____ INCHES. **Brief Description of Work or Other Need:**