



Iowa Department of Human Services

### Iowa Disaster Assistance Application

Mail to: Butter Co Outreach  
219 N. Mather  
Clarksville, Iowa  
50219

<b>Iowa Disaster Assistance Application</b>		Date of disaster _____
<b>1. Applicant Information (personal information) Include PICTURE ID OF ALL ADULTS</b>		
a. Name: _____		b. Total annual household income: _____
<b>Household income must be 200% or less of Federal Poverty Level</b>		
c. Date of birth: _____	d. SSN: _____	e. Phone: _____ Cell: _____
f. Damaged address: _____		
g. City: _____	h. County: _____	i. ZIP code: _____
j. Please check one: <input type="checkbox"/> Own <input type="checkbox"/> Rent	k. Insurance company: _____	l. Insurance phone: _____
m. Alternate contact name and phone number: _____		
n. Current address if different from above: _____	o. Damaged address (Please check one): <input type="checkbox"/> Home <input type="checkbox"/> Townhome <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile	<b>Questions call: 1-866-434-4692</b>
	p. Number of adults in home: _____  Number of children in home: _____	
<b>2. Loss Information (Include receipts for replaced items. If no receipts, request voucher program.)</b>		
Reason for loss (Please check): <input type="checkbox"/> Tornado <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake <input type="checkbox"/> Other _____		
Structural damage cost to repair _____		Kitchen loss _____
Bed furniture _____	Clothing _____	HVAC _____
Water heater _____	Dehumidifier _____	Sump pump _____
Electrical _____	Disaster vehicle repair _____	Temp housing _____
Total requested _____	Debris removal _____	Other _____
<b>3. Brief Description of Loss and Cause</b>		
<b>4. Attestation</b>		
I attest that the information provided on this form is true and accurate. I am providing this information to the Iowa Department of Human Services for expenses under the Iowa Individual Assistance Disaster Grant Program. I authorize the release of this information to other aid organizations and persons to administer this program as determined to be necessary by the Iowa Department of Human Services. I attest that persons receiving assistance in the household are legal residents of the United States. I understand that if I am not eligible for benefits under this program, or if I have insurance that covers losses claimed, or if I have received assistance from other programs for the same claimed items to include, but not limited to, a nonprofit organization, Federal Emergency Management, or Small Business Administration, I hereby agree to repay any funds acquired through this program back to the state of Iowa Department of Human Services. I understand I have the right to appeal eligibility and damage award decisions within 15 days of a decision.		
Applicant signature: _____		Date: _____

## Instructions for Completion of the Iowa Disaster Assistance Application

**Section 1. Applicant Information.** Complete all boxes that pertain to your household members.

- a. Your name.
- b. The total yearly income for all persons living in your home.

**NOTE: Household income must 200% or less of Federal Poverty Level.**

2016 National Poverty Guidelines									
Family Size	1	2	3	4	5	6	7	8	Per person additional
200% of Federal Poverty Level (monthly income)	\$1,980	\$2,670	\$3,360	\$4,050	\$4,740	\$5,430	\$6,122	\$6,815	\$693

- c. Your date of birth.
- d. Your social security number.
- e. Your phone numbers.
- f. The address of your damaged dwelling. The address where you live that was damaged by the disaster.
- g. City.
- h. County.
- i. ZIP code.
- j. Whether you own or rent your home.
- k. Your insurance company name.
- l. Phone number of your insurance company.
- m. A name of an alternate contact and phone number.
- n. Current address if different from the damaged address.
- o. What type of structure is it?
- p. Number of adults that live in the home; number of children that live in the home.
- q. To participate in the reimbursement program include all receipts for replacement items claimed.

**Section 2. Loss Information.** Complete all boxes that apply to your losses. If you do not have replacement receipts or do not have funds to replace lost items, ask if there is an entity that has been approved by your county to assist you obtain vouchers for replacement. **To apply for a reimbursement grant you must have receipts for repairs attached to the application.**

**Section 3. Brief Description of Loss and Cause.**

**Section 4. Attestation.** Read this area carefully. If you are provided duplicate assistance by other organizations, the Department will pursue the return of state funds. You must also be a legal resident of the United States to apply for assistance. Your right to appeal is also explained in this area. Your original signature is required on the application. Date the application with the date signed.