

La Crosse County Emergency Management Residential Detailed Damage Assessment

Section I. Resident/Occupant Information

Last Name	First Name	M.I.	Mailing Address	City	State	Zip Code
Township, City, or Village of Residence			Evening Phone	Daytime Phone	Check One <input type="checkbox"/> RENT <input type="checkbox"/> OWN	

SECTION II. Property Owner/Landlord Information (IF DIFFERENT THAN OCCUPANT)

Name	Mailing Address	City	State	Zip	Home Phone	Work Phone
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Section III. Habitability/Displacement Information

Habitability	Displacement	Disposition
<p>Is the residence habitable (safe and sanitary)?</p> <p><input type="checkbox"/> YES (Skip this section)</p> <p><input type="checkbox"/> NO (Complete this section)</p> <p><small>Key Criteria: <u>SAFE AND SANITARY</u> Guidelines: Are conditions livable? Has disaster interrupted utility services such as water, sewer, power, heat/AC? Is the structure stable? Are there other circumstances that make it unsafe or unsanitary to continue living there?</small></p>	<p><input type="checkbox"/> Number of occupants displaced</p> <p><input type="checkbox"/> Number of days occupants expect to remain displaced</p>	<p><input type="checkbox"/> Staying with friends/relatives: Whom? _____</p> <p><input type="checkbox"/> Staying in Public Shelter: Where? _____</p> <p><input type="checkbox"/> Staying in hotel/motel: Name _____</p> <p><input type="checkbox"/> Relocated to/secured new temporary residence</p> <p><input type="checkbox"/> Relocated to/secured new permanent residence</p> <p><input type="checkbox"/> Still living in home that is not habitable (refer to human services agency)</p> <p><input type="checkbox"/> Don't have a place to stay (refer to human services agency)</p> <p><input type="checkbox"/> Other: _____</p> <p>REFERRED TO:</p>
Temporary Street Address, City, State, Zip		Temporary Phone Number

Section IV. Personal Property Losses

\$ Estimated <u>Uninsured</u> Personal Property Loss	Narrative Description
\$ Estimated <u>Insured</u> Personal Property Loss	Narrative Description
\$ <u>Unknown if insured</u> personal property loss	Narrative Description

Section V. Residential Damage

TYPE OF DAMAGE	ESTIMATE \$ AMOUNT "USE BEST GUESS"			INSURED?			NARRATIVE DESCRIPTION OF DAMAGE
	Yes	No	Unknown	Yes	No	Unknown	
Structural Damage to Home (exterior and interior)							
Furnace/Air Conditioner							
Water Heater							
Sewer/Septic System							
Water Utility/Well							
Clean/Sanitize Expense							
Replace Carpeting							
Access to Home (driveway/bridge, ramp, etc)							
Other							

The damaged property is: (check one):

A primary/full-time residence; A Summer/Vacation Home or Cabin Other (explain: _____)

Please complete this form as soon as possible and email to
disaster@LaCrosseCounty.org or fax to 608-785-5741