

4. Was it necessary to obtain temporary residence elsewhere?

No _____ Yes _____ For how long? _____

5. List the essential items for which you still need our assistance if conditions permit: (if need additional space, please attach to form)

Type of property	Purchase Date	Value	Amount reimbursed by insurance

6. Did you apply for federal aid? Yes _____ No _____ If yes, what was result? _____

(Attach documents)

7. Attach copies of insurance claims and dispositions.

I declare the above information is accurate to the best of my knowledge.

Member Signature _____ Date _____