

Work address: _____

Work phone: _____

Dwelling Losses, *please attach documentation of losses.*

Dwelling information (permanent address):

Own

Rent (if renter, go to Personal Property Losses)

If you own, please indicate the type of damage your home suffered:

Estimated amount of home loss/damage: \$ _____

Personal Property Losses, *please attach documentation of losses.* These losses include furniture, electronics, clothing, appliances and food spoilage.

Estimated amount of personal property losses: \$ _____

Vehicle/Equipment Losses, *please attach documentation of losses.*

Did any vehicle you own sustain damage? Yes No

Was any vehicle you own declared a total loss? Yes No

Auto repair/replacement estimate: \$ _____

Evacuation/Relocation Losses, *please attach documentation of expenses.*

Did you have to evacuate as a result of the disaster? Yes No

If yes, did you go to:

Public shelter

Family/friends

Motel/hotel

Other _____

Evacuation/relocation losses: \$ _____

Is there any other information you would like to share with the APEA/AFT?

I certify that the information provided in this application is correct to the best of my knowledge.

Member Signature: _____ Date: _____