



# INDIANA DEPARTMENT OF HOMELAND SECURITY FLOOD DAMAGE QUESTIONNAIRE

Date: \_\_\_\_\_ County: \_\_\_\_\_ City/Town: \_\_\_\_\_

Type of dwelling: ( ) House, ( ) Apt., ( ) Mobile Home, ( ) Business

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

( ) OWN ( ) RENT, *Renters please give property owner information:*

Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_

Is your home constructed of: ( ) wood; ( ) brick; ( ) siding; ( )

Other: \_\_\_\_\_

Do you have a: ( ) basement; ( ) crawlspace; ( ) Concrete slab; ( ) Other: \_\_\_\_\_

Did damage occur in the basement? ..... ( ) YES ( ) NO

Did damage occur at the first floor level? ..... ( ) YES ( ) NO

Was the source of flooding sewer backup? ..... ( ) YES ( ) NO

Depth of flood water in basement: \_\_\_\_\_

Is your basement Essential Living Space? ( ) Yes ( ) NO

What kind of Living Space: \_\_\_\_\_

Depth of flood water in first floor level: \_\_\_\_\_

How many floor levels does your home have? ..... ( ) 1; ( ) 1 1/2; ( ) 2 ( ) Bi/Tri-level

Was there any damage to your foundation? ..... ( ) YES ( ) NO

If yes, to what extent \_\_\_\_\_

Was there damage to your personal property? ..... ( ) YES ( ) NO

If yes, what was damaged?  
\_\_\_\_\_

Do you have homeowners insurance? ..... ( ) YES ( ) NO

If yes, what is the company name? \_\_\_\_\_

Is your home in a designated floodplain? ( ) YES ( ) NO

Do you have Flood Insurance? ( ) YES ( ) NO Policy date: \_\_\_\_\_

Do you have sewer back-up insurance? ( ) YES ( ) NO

Additional information or directions to damaged property: \_\_\_\_\_

***THIS FORM IS NOT AN APPLICATION FOR ANY ASSISTANCE PROGRAM  
Be sure to consult your Local Permitting Official before you start any repairs!***