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To: Real Estate Development Partners  
From: Real Estate Department  
Date: April 3, 2023  
**Re: 3/31/23 TORNADOS AND SEVERE STORMS**

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**Notice: RED-23-15**

The State of Indiana was affected by tornados and severe storms on 3/31/23. IHCD is asking owner agents of IHCD-funded rental projects to take the following steps:

1. To assist IHCD in providing accurate information on unit vacancies to help displaced persons find housing options, owner agents are asked to ensure that they are up-to-date on reporting tenant events through [IHCD Online](#) and that their vacant units are properly listed in the [Indiana Housing Now](#) database.
2. If any IHCD-funded project experienced damage, the owner agent is required to notify IHCD within 10 days of the event by submitting the attached "Casualty Loss Form (Form K)." Form K should be submitted via e-mail to IHCD's Inspector Chris Rivera via [crivera@ihcd.in.gov](mailto:crivera@ihcd.in.gov) with cc: to Matt Rayburn via [mrayburn@ihcd.in.gov](mailto:mrayburn@ihcd.in.gov).

Questions about this notice can be directed to Matt Rayburn, Deputy Executive Director / Chief Real Estate Development Officer/ State Disaster Housing Manager via [mrayburn@ihcd.in.gov](mailto:mrayburn@ihcd.in.gov).



**Casualty Loss Form (Form K)- must be submitted to IHCD within 10 days of event**

**1. DEVELOPMENT INFORMATION**

DEVELOPMENT NAME: \_\_\_\_\_  
BUILDING IDENTIFICATION NUMBER (BIN): \_\_\_\_\_  
HOME/DEVELOPMENT FUND AWARD NUMBER (IF ANY): \_\_\_\_\_  
DATE OF CASUALTY LOSS: \_\_\_\_\_

a. Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

b. Management Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

c. Owner Name: \_\_\_\_\_  
Owner Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

d. Number of buildings effected: \_\_\_\_\_  
Number of Units effected: \_\_\_\_\_  
BINs of Units effected \_\_\_\_\_  
Please include a list of unit numbers affected and identify tenant relocation and rehabilitation plans with the submittal of this Form

**Casualty Loss Cause Information**

Place the date of the occurrence in the Text box, and for "Other" identify the cause and the date.

Fire: \_\_\_\_\_ Tornado: \_\_\_\_\_  
High Winds: \_\_\_\_\_ Flood: \_\_\_\_\_  
Other Date: \_\_\_\_\_ Cause: \_\_\_\_\_

Name of Emergency Response team who responded \_\_\_\_\_

Please include a report, from the emergency response team, with the submittal of this Form.

**NOTE: Please send the completed Form to Chris Rivera via [crivera@ihcda.in.gov](mailto:crivera@ihcda.in.gov)**