

**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: [dnewport@ihcda.in.gov](mailto:dnewport@ihcda.in.gov)**

