

“INDIVIDUAL DAMAGE ASSESSMENT”

FIELD WORKSHEET FOR PRIMARY HOMES & BUSINESSES

COUNTY: COLUMBIA MUNICIPALITY: _____

NAME: _____

DATE _____

ADDRESS: _____

CITY: _____, PA, ZIP: _____

TELEPHONE # _____

| | | |
|--------------|--------------------------|--------------------------|
| | Yes | No |
| Primary Home | <input type="checkbox"/> | <input type="checkbox"/> |
| Renter | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>SYSTEM</u> (check those that apply) | <u>DAMAGED</u> | <u>%R.C.</u> | |
|---|--------------------------|--------------|-------------|
| | | Home | Mobile Home |
| Foundation | <input type="checkbox"/> | 7 | |
| Floor/(Frame) | <input type="checkbox"/> | 16 | 20 |
| Exterior Walls | <input type="checkbox"/> | 14 | 35 |
| Roof | <input type="checkbox"/> | 9 | 20 |
| Interior Walls | <input type="checkbox"/> | 28 | 25 |
| Plumbing | <input type="checkbox"/> | 10 | |
| Heating/A.C. | <input type="checkbox"/> | 10 | |
| Electrical | <input type="checkbox"/> | 6 | |

| <u>DAMAGE CATEGORY</u> (To be filled in by County EMA) | |
|---|--------------------------|
| Destroyed | <input type="checkbox"/> |
| Major | <input type="checkbox"/> |
| Minor | <input type="checkbox"/> |
| Affected | <input type="checkbox"/> |
| Inaccessible | <input type="checkbox"/> |

| Damaged Estimate | |
|---|----------|
| Value of the Building (do not include land value) | \$ _____ |
| Estimated Building Damage | \$ _____ |
| Estimated Damage to Contents | \$ _____ |
| Total Estimated Damage (Building & Contents) | \$ _____ |

| | |
|------------------|---|
| COMMENTS: | Flood Insurance Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Homeowners Ins. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Basement Water** Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | First Floor Water** Yes <input type="checkbox"/> No <input type="checkbox"/> |

NAME OF ASSESSOR: _____