

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