

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

DEVELOPMENT INFORMATION

Development Name: _____

Building Identification Number (BIN): _____

IHCDA HOME/HTF/CDBG/Development Fund Award Number (If any): _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

CASUALTY LOSS INFORMATION

Date of Casualty Loss event: _____

Number of buildings affected: _____

Number of units affected: _____

List all unit numbers affected: _____

Cause of Casualty Loss (check the applicable box). If other, check box and type in summary.

Fire: ☐

Tornado: ☐

Storm/Winds: ☐

Flood: ☐

Other: ☐

REQUIRED DOCUMENTS

Submit the following documents as attachments to this Form K:

Narrative summary of any tenant relocation/displacement

Narrative summary of initial rehabilitation/restoration plan. A full plan must be submitted within 30 days of the Casualty Loss event.

Report from applicable emergency response team that responded to the event, if applicable (e.g., fire department, police department, etc.)

OWNER AGENT SIGNATURE

This form must be signed by the Primary Owner contact or Primary Management contact for the project.

Owner Agent Name: _____

Owner Agent Signature _____ Date _____

Send the completed Form K to inspections@ihcda.in.gov