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To: Real Estate Development Partners  
From: Real Estate Department  
Date: June 19, 2026  
**Re: Severe Storms and Flooding**

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**Notice: RED-26-23**

The State of Indiana has been affected by severe storms and flooding the weeks of June 8<sup>th</sup> and June 15<sup>th</sup> 2026. IHCD A is asking owner agents of IHCD A-funded rental projects to take the following steps:

1. To assist IHCD A 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 A Online](#) and that their vacant units are properly listed in the [Indiana Housing Now](#) database.
2. If any IHCD A-funded project experienced damage, the owner agent is required to notify IHCD A 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 A's Inspector Chris Rivera via [crivera@ihcda.in.gov](mailto:crivera@ihcda.in.gov) with cc: to Matt Rayburn via [mrayburn@ihcda.in.gov](mailto:mrayburn@ihcda.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@ihcda.in.gov](mailto:mrayburn@ihcda.in.gov).



**ADDRESS** 30 South Meridian Street, Suite 900, Indianapolis, IN 46204  
**PHONE** 317 232 7777 **TOLL FREE** 800 872 0371 **WEB** [www.ihcda.IN.gov](http://www.ihcda.IN.gov)

EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY

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

**DEVELOPMENT INFORMATION**

Development Name: \_\_\_\_\_  
Building Identification Number (BIN): \_\_\_\_\_  
IHCD 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](mailto:inspections@ihcda.in.gov)**