Hawarden United Foundation
DISASTER RELIEF FUNDS – HOMEOWNERS

HOMEOWNER APPLICANT INFORMATION

Name:_____ **Date:** _____

Address:_____ **Are you currently living in your house? Yes** ☐ **No** ☐

City, State, Zip:_____ **Do you have electricity? Yes** ☐ **No** ☐

Phone:_____ **Are family members using bedroom in basement? Yes** ☐ **No** ☐

Relocated Address:_____ **Do you have laundry in the basement? Yes** ☐ **No** ☐

Relocated City, State, Zip: _____

FEMA Home Buyout Program Map Location: (Check your designated tier)

- **Tier 1: Proximity to River** ☐
- **Tier 2: Low Elevation and History Flooding** ☐
- **Tier 3: Significant Structure Damaged Outside Tier 1 & Tier 2** ☐
- **Tier 4: Other Areas** ☐
- **Outside City Limits with 51247 Zip Code** ☐

1) **Level of water in home:** _____
(Examples: 6 feet in basement, basement full / 3 feet on main floor)

2) **Loss of household goods:** **Hot Water Heater** ☐ **Furnace** ☐ **Laundry Appliances** ☐
A/C ☐ **Other** _____

3) **Foundation loss / issues:** _____

4) **What are your intentions with the house? Fix Up** ☐ **Tear Down** ☐ **Sell** ☐ **Unsure** ☐

If Fix Up: 1) Do you have finances available to purchase materials? _____

2) How much have you spent? $_____

3) How much progress have you made? _____

_____

Approximate Financial Loss from the Flooding: **$**_____**(A)**

5) **Did you receive FEMA assistance?** **Yes** ☐ **No** ☐

6) **Do you have other forms of financial assistance for your flood damage?** **Yes** ☐ **No** ☐
(If yes, mark all that apply below)

Flood Insurance ☐ **Homeowner's Insurance** ☐ **Family** ☐
Friends ☐ **Church Family** ☐ **Other** _____

Total Dollars Received from Above Categories: **$**_____**(B)**

Net Financial Loss after Assistance: **$**_____**(A minus B)**

Approximate Mortgage / Loan Balance: **$**_____

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NOTES

Any information provided, regardless of the source, to the Hawarden United Foundation ("Foundation") shall remain confidential to the fullest extent possible while maintaining the integrity of the Foundation's organizational purpose

Applicant Signature: _____ **Date:** _____

The Foundation reserves the right to verify the accuracy of the stated hardship through any reasonable means deemed necessary. The right of verification supersedes the privacy right if required to ensure the funds are being used to effectuate the Foundation's mission. Applicant gives permission to all members of the Foundation to request and receive information necessary for the purposes of post disaster services or assistance. This release will be effective for 12 months from the date of signature below.

Please return completed form on or before September 30, 2026