

Casualty Loss Report

Property Name: _____

Address: _____

Date of loss: _____

Contact Person: _____

Type of Casualty Loss

Fire Flood Other: _____

Affected Building/s and address

Bin #: _____ Address: _____

List units out of service: _____

All units out of service

Description of Casualty Loss

Insurance

Has insurance provider been contacted? Yes No

Has adjuster visited the property? Yes No

Provide a summary of work necessary to restore unit/s or building/s:

Expected date the unit/s will be back in service? _____

Under penalty of perjury, the undersigned certifies that the information presented within this document, as well as any attachments provided, is true and accurate and that the property is in compliance with the applicable State Qualified Allocation Plan and all other applicable laws, rules, and regulations. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

I certify that the above information is true and correct.

Printed Name

Title

Signature

Date