

Household Claims Questionnaire

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Title: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Title: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Title: _____

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First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Title: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Title: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Household Claims Questionnaire

EVACUATION

- 1) Did you evacuate from the fire? Yes No
- 2) If yes, where was your location at time of evacuation? _____
- 3) What time did you evacuate? _____
- 4) Who did you evacuate with? _____
- _____

REAL & PERSONAL PROPERTY DAMAGE

- 1) Damage Location Address: _____
- City: _____ State: _____ Zip Code: _____
- 2) Damage Location APN* (if known): _____
- * Assessor's Parcel Number (APN) is a unique number assigned to real property by the tax assessor of the property's jurisdiction
- Owner Renter
- 3) Relationship to Damaged Location: _____
- 4) Size of Primary Structure (square feet): _____
- Totally Destroyed Partially Destroyed
- 5) Level of Property Damage: _____
- Smoke Damage Only
- 6) Did your home possess any enhancements? Yes No
- _____
- _____
- _____

- 7) Were there other structures on the property such as garages, sheds, etc.? Yes No
- a. If yes, complete the table below:

Type of Structure	Sq. Footage	Permanent Foundation (Y/N)	Electrical? (Y/N)	Plumbing? (Y/N)

Household Claims Questionnaire

- 1) Have you repaired or restored the home? Yes No
- 2) Do you have a genuine desire to rebuild? Yes No
- 3) Do you still own the property? Yes No
- a. If yes, have you completely rebuilt and moved back in? Yes No
- i. If yes, date: _____
- 4) Did you lose any cherished items? Yes No
- a. If yes, please describe what was lost: _____
- _____
- _____

MENTAL ANGUISH & PHYSICAL INJURY

- 1) Have you or anyone in your family seen a counselor/therapist? Yes No
- a. If yes, please complete the table below:

Household Member's Name:	Therapist / Counselor's Name and Address

- 2) Did you sustain a physical injury in the fire that required medical treatment? Yes No
- If yes, please complete the table below:

Household Member's Name:	Injury	Treatment Provider's Name & Address

Household Claims Questionnaire

LOST INCOME

- 1) Was personal income lost as a result of the physical damage to your place of employment? Yes No

a. If yes, complete the table below:

Household Member's Name:	Hourly Wage	# of Hours Lost	Name of Employer

INSURANCE & PAYMENTS RECEIVED

- 1) Were any of your losses covered by insurance? Yes No

a. If yes, please complete the table below:

Insurance Name	Policy Number

- 2) Did you receive any payments from FEMA? Yes No

a. If yes, total amount received: \$ _____

- 3) Did you receive any payments from Wildfire Assistance Fund? Yes No

a. If yes, total amount received: \$ _____

ADDITIONAL INFORMATION

Please provide any details about your experience that you want included with your claim:
