DISASTER HOUSING PROGRAM
PRELIMINARY DAMAGE ASSESSMENT
USE ONE LINE FOR EACH ADDRESS

CITY _____ COUNTY _____ STATE _____ PAGE ____ OF ____
TYPE DISASTER
ASSESSMENT TEAM: _____ DATE _____ MAP ____

	ADDRESS	HOME			Affected Habitable						DEGREE of DAMAGE																		Inaccessible	Water Depth		Probable Assistance	
											Minor						Major						Destroyed										
		PRI		2nd	Dwelling Type			INS			Dwelling Type			INS			Dwelling Type			INS			Dwelling Type			INS				bsm	1st		
		O	R		SF	MF	MH	HO	FL	Lo	SF	MF	MH	HO	FL	Lo	SF	MF	MH	HO	FL	Lo	SF	MF	MH	HO	FL	Lo			Flr	RA	HR
	1	2a	2b	3	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	5f	6a	6b	6c	6d	6e	6f	7a	7b	7c	7d	7e	7f	8	9	10	11	12
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Columns 4(a,b,c), 5(a,b,c), 6(a,b,c), 7(a,b,c), & 8 MUST equal Column 2
Columns 5(a,b,c), 6(a,b,c), 7(a,b,c) MUST equal 5(d,e), 6(d,e) 7(d,e) 11, 12

r. macklin 770.220.5310 -- Region IV (04-01)