City_____ County_____ State_____ Disaster Type_____ Date_____ Page _____ of _____

FEMA_____ State_____ Local_____ SBA_____

Single Family	Affected	Minor	Major	Destroyed	Total Damaged	_____% Ins Ins	No Ins	_____% Low Income
	1	2	3	4	5	6		7
Owner								
Renter								
Not Primary								
Total								

Multi-Family	Affected	Minor	Major	Destroyed	Total Damaged	_____% Ins Ins	No Ins	_____% Low Income
Owner								
Renter								
Not Primary								
Total								

Manufactured Home	Affected	Minor	Major	Destroyed	Total Damaged	_____% Ins Ins	No Ins	_____% Low Income
Owner								
Renter								
Not Primary								
Total								

Grand Total								