



**IBEW LOCAL 130**  
**3200 Ridgelake Dr., Ste. 300, Metairie, LA 70002**  
**Office: (504) 831-1372, FAX: (504) 834-1410**

**DISASTER RELIEF – AUGUST 29, 2021**  
**HURRICANE IDA DAMAGE ASSESSMENT**

**REQUEST FOR ASSISTANCE**

**ACTIVE MEMBERS**

**NAME:** \_\_\_\_\_ **CARD NO.** \_\_\_\_\_

**Last Four S.S.N:** \*\*\*-\*\*-\_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_ **APT/STE./UNIT** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TYPE OF PROPERTY:**

Single Family  Multi-Family (usually Apts.)  Condo  Townhome  Mobile Home

**OWNERSHIP:**  Own  Rent  Lease

**# of Individuals living in Household** \_\_\_\_\_

**List ages and relationship:**

\_\_\_\_\_

**TYPE OF INSURANCE:** (Circle all that apply)

**Property**   **Sewer Back-up**   **Flood (Structure)**   **Flood (Contents)**   **Wind/Hail/Hurricane**

**Other** \_\_\_\_\_

**Please provide a copy of your Insurance's Estimate and/or Final Bill. (including repairs and cost)**

**CONSTRUCTION TYPE:**

Masonry    Wood Frame    Mobile Home    Manufactured

**Other** \_\_\_\_\_

**DAMAGES** (Circle all that apply):

**HVAC** Yes No **Water Heater** Yes No **Electricity** On Off **Natural Gas** Yes No

**Roof Intact** Yes No If no, please explain roof damage: \_\_\_\_\_

**Foundation** Yes No **Windows** Yes No **Sewer** OK Not OK

**Major Appliances** Yes No If yes, please list: \_\_\_\_\_

**Flooding** Yes No If yes, please explain and depth:  
\_\_\_\_\_

**Furnace** Yes No

**Description of Loss or Other Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

**SOURCE OF DAMAGES:** (Circle all that apply)

**Sewer Back-up** **Primarily Flood** **Wind/Wind Driven Rain** **Tornado**

**Other** \_\_\_\_\_

**Based on the damages reported, the property is currently:**

**Habitable**  **Uninhabitable**

**Where are you CURRENTLY located (i.e. shelter, mobile home, hotel, etc.) ?** \_\_\_\_\_

**ACKNOWLEDGEMENT**

*I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may subject to penalty for perjury.*

\_\_\_\_\_  
*Member's Signature*

\_\_\_\_\_  
*Date*

**OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_  
*Print Name & Title*

\_\_\_\_\_  
*Signature*

DATE RECEIVED: \_\_\_\_\_