

## CITY OF SHELDON FLOOD UPDATE

The City of Sheldon understands that between flood water and sewer backup in basements that many property owners have experienced damage. In an effort to assist property owners, the City will pickup and dispose of flood and/or sewer damaged items. Items with freon need to have had the freon removed. Please have items placed curbside by 7:00 a.m. on Tuesday, September 25, 2018. NOTE: We will only pickup items damaged by the recent rainfall.

There are clean up buckets available in the Community Building for free. They can be picked up Monday through Friday 7:30 a.m. to 4:30 p.m.

Assistance can be applied for. The clients will need to fill out another application They will need to show that the previous work had been done ( pictures, receipts from contractor if we did not pay that contractor) I have attached the application that needs to be filled out. ( if they have never been into UDMO office before there will be other paper work that is needed when they come to my office) ( 30 day proof of income, social security cards)

THIS IS INCOME BASED!!! PLEASE LET THE CLIENTS KNOW.

Scroll down for application.



Iowa Department of Human Services  
**Iowa Individual Disaster Assistance  
Grant Program (IIAGP) Application**

**1. Applicant Information (personal information)**

Include a copy of government-issued identification for all adults living in the household.

a. First and Last Name		
b. Social Security Number	c. Phone Number	Cell Number
d. Email Address		
e. Address Affected by Disaster		
f. County	g. City, State, Zip Code	
h. Current Address if Different from Above		
i. County	j. City, State, Zip Code	
k. Insurance Company Name	Insurance Company Phone Number	
l. Alternate Contact Information (name and phone number)		
m. Total Number of Adults in Household	Total Number of Children in Household	
n. Total Annual Household Income \$ Note: Household annual income must be 200 percent or less of the federal poverty level for a household of that size.		
For questions call 1-866-434-4692		

**2. Loss Information**

Include receipts for replaced items. If no receipts, request voucher program.

Date of Disaster	Disaster type: <input type="checkbox"/> Tornado <input type="checkbox"/> Flood <input type="checkbox"/> Other:	
Temporary housing: \$	Food Assistance: \$	Receipts provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal property: \$	Home repair: \$ <i>The title of the property must be in the name of the applicant.</i>	Request voucher program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total requested: \$ 0.00		

**3. Brief Description of Damage Caused by the Disaster**

#### 4. Attestation

I attest that the information provided on this form is true and accurate. I am providing this information to the Iowa Department of Human Services ("Department") for expenses under the Iowa Individual Assistance Disaster Grant Program ("Program"). I authorize the Department to release this information to other aid organizations and persons for purposes of administering the Program. I attest that persons receiving assistance in the household are legal residents of the United States. I understand that if I am not eligible for benefits under the Program, if I have insurance that covers losses claimed, or if I have received assistance from other programs for the same claimed items, I hereby agree to repay to the Department any funds acquired through the Program within 60 days.

#### 5. Reconsiderations

You, or the person helping you, may request reconsideration if you do not agree with any action taken on your application.

Your request for reconsideration must be completed within 15 days from the date on the denial letter.

You may submit your written request for reconsideration by submitting a detailed request to:

Iowa Department of Human Services  
Attn: Division of Field Operations – Emergency Assistance  
5th Floor, 1305 E Walnut Street  
Des Moines, IA 50319-0114

If you need assistance filing a request for reconsideration, ask your disaster case manager.

#### 6. Discrimination

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability or veteran status; hereafter referred to as protected category.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services  
Attn: Hoover Building, 5th Floor – Bureau of Policy Coordination  
1305 E Walnut Street  
Des Moines, IA 50319-0114

or via email [contactdhs@dhs.state.ia.us](mailto:contactdhs@dhs.state.ia.us)

The Iowa Department of Human Services is an equal opportunity provider.

Applicant Signature

Date

Community Action of Eastern Iowa  
Iowa Disaster Assistance  
**SELF-DECLARATION OF INSURANCE COVERAGE**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Date of Damage at the above address: \_\_\_\_\_

I currently carry ☐ HOMEOWNERS ☐ RENTERS insurance coverage at the address above  
(attach copy of policy)

☐ The policy I carry DOES NOT include flood coverage (attach documentation)

☐ The policy I carry DOES include flood coverage (attach documentation)

☐ I have submitted a claim to my insurance provider

☐ I have not submitted a claim to my insurance provider

☐ I plan to submit a claim to my insurance provider

☐ I do not plan to submit a claim to my insurance provider

☐ I am a HOMEOWNER without insurance coverage (attach address verification)

☐ I am a RENTER without insurance coverage (attach address verification & rental lease)

I attest that the information provided on this form is true and accurate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

The maximum assistance available to a household (HH) in a single disaster is \$5,000 for the following disaster-related expenses:

**Personal Property (repair or replacement)**

Kitchen items (excluding large appliances), including: silverware, dishes, microwave, furnishings, etc. \$560.00

Food \$50.00 + \$25 for each additional member of household

Large kitchen or laundry appliances \$700 each, \$2800 total

Personal hygiene items \$30 per person. \$150 maximum.

Bedroom furnishings: \$500 per person

Clothing \$145.00 per person

Living Area (Couch, Chairs, TV, Etc.) \$1000

One Window AC \$250

Dehumidifier \$250.00

Vehicle repair \$500.00

**Home Repair to make home safe, sanitary and secure** (asst. will be denied if preexisting conditions are the cause of the damage) **Applicant must use licensed contractors due to liability issues.**

Repair of structural components, such as foundation and roof \$5,000.00

Repair of floors, walls, ceilings, doors, windows, carpeting of essential interior living space that was occupied at the time of disaster \$5,000.00

Debris removal, including trees (and old appliances according to DHS) \$1,000.00

Electrical or mechanical repairs \$2,000.00

Water heater installed \$1500.00

Water Well (To ensure water is drinkable) \$2000

Water Softener \$500

Sump pump installed (flood event only) \$200.00

Heating and air conditioning systems installed \$2,100.00 each

Bathroom \$1500

Repairs to rental property or landlord owned equipment are excluded under this program

If a rental can be secured, ask ICAA if the program can assist with deposit(s), first month's rent (must get preapproval from ICAA)

**Temporary Housing assistance**, up to \$65 per day, for lodging at a licensed establishment, such as a hotel or motel, if the household's home is destroyed, uninhabitable, inaccessible, or unavailable to the HH. *Rent, rent deposit, electric, and water will be approved on a case by case basis by. Please contact ICAA to see what can be approved by DHS.* \$5,000.00

**Other:** Replacement or repair of other items of necessity as approved by the administrative entity and DHS on a case by case basis

**NOTES:**

Individual Assistance will NOT pay for a down payment on a house.

DHS email 8/1/16

In regards to an applicant purchasing items from a garage sale/craigslist/a friend - the receipt must be typed and have the following information:

DHS email 8/10/2016

1. Sale date listed
2. Each item listed along with price
3. Full Name of seller
4. Address of seller
5. Phone number of seller
6. Buyers signature & sellers signature