



Application Date: _____

Assistance will be denied for the following: Preexisting conditions are the cause of the damage; landlord owned property; and if the title of the property is not in the applicant's name.

NOTE: Household annual income must be 200% or less of the federal poverty level for a household of that size									
2021 National Poverty Guidelines									
Family Size	1	2	3	4	5	6	7	8	Per person additional
	\$25,760	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320	\$9,080
<i>200% of Federal Poverty Level (annual income)</i>									

Application Checklist for Iowa Individual Assistance Grant Program (IIAGP) Assistance

☐ **Iowa Disaster Assistance Application**

- Application must be completed, signed, and dated
- Date of Disaster – _____

☐ **Must have completed Release of Confidential Information**

☐ **Proof of Income: 200% Poverty Income Level**

All household income must be verified for the past 30 days or the previous year's federal tax return. All income must be gross income, not net income (unless otherwise indicated) and for the same time frame (30 days or annual income).

Income includes but not limited to: Adoption Assistance, Alimony, Annuities, Bitcoin, Cash receipts (Regular), Child Support, Conservation Reserve Program (CRP), Cryptocurrency, Disability Insurance (private long-term), Dividends, Earned Income (wages and salaries before any deductions), Foster Care, Gambling/Lottery, Internship, IRA distribution, Long-Term Disability Insurance, Lump Sum payments, Lump-sum SSA, Military Pay (active duty), Pensions, Railroad Retirement, Rental Income, Retirement, Royalties, Self-Employment, Social Security Benefits (SS, SSD, SSI), Strike Benefits, Training Stipends, Tribal per capita payments, Trust Payment (qtrly/mo/annual), Unemployment Insurance, Veterans Payments, Work Study, Workers' Compensation.

☐ **Must have photo ID for all adult residents- 18 years of age and older and include a copy of each with the application.**

☐ **Verification that the household's residence was in the area identified in the disaster declaration during the designated incident period and the household verifies occupancy at that residence**

- Include a printout from the county assessor's website showing ownership of the residence if structural damage is claimed.
- Title if dwelling is a mobile home
- If you are a renter, provide proof of residency. Include a copy of your current lease detailing what are the renter's responsibilities. Also include your landlords name, address and phone number
- Copy of current utility bill, phone bill or driver's license.

☐ **Statement from Insurance Company of Household's Coverage**

- If covered by household or renter insurance, provide a copy of coverage and the adjuster's settlement, if applicable.
- Include a **statement/rejection letter** from your Insurance Company as proof that the claim is less than the deductible amount of insurance. (This program will not reimburse the amount of insurance deductible when the claim exceeds the deductible amount.)

☐ **Photos of damage (if applicable).**

☐ **Vehicle Damage, if applicable.**

- Include a copy of a current vehicle registration and liability insurance card.

☐ **Air Conditioning claim, if applicable – Must provide proof of medical necessity from your doctor.**

☐ **Handwritten narrative of the disaster event and how the disaster caused the loss being claimed. Include a complete list of items damaged/destroyed.**

☐ **Include receipts to receive direct reimbursement**

- Receipts must be itemized clearly showing description, quantity, price, etc., and dated AFTER the disaster date.

☐ **Include estimate(s) for work to be done or items to be replaced**

- If the item is over \$1,500
- Name of business, address, contact person and phone number must be included on all estimates/bids
- Ensure that the estimate/bid has itemized descriptions (IE: 2 qty. - full bed, 1 qty. - queen bed, etc.) and costs
- Work done by "family/friends"-in general is not eligible. Handwritten bids and bids from family/friends are not accepted unless you include proof of their business.

☐ **Sign and date your application**

☐ **NEICAC Central Office will be in contact with you regarding all claims and will send an approval/denial letter upon final adjudication of your claim.**

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 \$	<p>Note: Household annual income must be 200 percent or less of the federal poverty level for a household of that size.</p>	
For questions call 1-877-347-5678		

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: \$	Request voucher program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total requested: \$	<p><i>The title of the property must be in the name of the applicant.</i></p>	

3. Brief Description of Damage Caused by the Disaster and List Damaged Items

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

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

Applicant Signature

Date

Please submit all application materials to your local Community Action Agency.
www.iowacommunityaction.org



Iowa Individual Disaster Program

Narrative of the disaster event and how the disaster caused the claimed loss.

List of items lost should be included.

Applicant Name:	
Narrative:	
Applicant Signature:	Date completed:



Northeast Iowa Community Action Corporation
Iowa Individual Assistance Program

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



Authorization for Release of Information

To Our Applicants and Clients: We can help you better if we are able to communicate and share information with other agencies and organizations that provide services and with a current and/or prospective landlord(s) and utility provider(s). By signing this form, you are giving permission for NEICAC staff, and those we contact on your behalf, to exchange information to determine your eligibility for services.

Name: _____ DOB: _____
(mm/dd/yyyy) (If Child) Parent or Guardian Name

Current address: _____

I authorize NEICAC and the following individuals, agencies or organizations to exchange information regarding my household:

Individuals/Agency/Organization	Address (If known)	Phone # (If known)

This authorization includes all records and information that NEICAC considers relevant in attempting to determine myself, or my family's or my household's eligibility for services through any of the programs that NEICAC may have available through its current areas of operation or for referral to another source. I agree that the individuals, agencies and organizations listed above may share and exchange information about my family/household and my circumstances. I understand that I may terminate this agreement at any time by calling this agency at _____. I understand that I may refuse to allow access to my information, but such refusal may _____ Agency Phone Number limit my ability to obtain services. **This authorization is valid for 24 months from date of signature below.**

Signature of Client/Parent/Guardian/Legal Custodian

Date

Signature & Printed Name of NEICAC Staff

Date

To those receiving information under this authorization: State and federal laws protect the information being disclosed to you. You are not authorized to release information to any entity not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.

☐ This is a true copy of the original authorization document

NEICAC Staff signature

Date