



City of Deltona

Community Development
2345 Providence Blvd.
Deltona, Florida 32725



HURRICANE DISASTER RECOVERY PRE-SCREEN

The intent of this application is to screen low to moderate income applicant's whose primary residence were damaged as a direct result of a Hurricane Disaster and are applying for home repair or insurance deductible reimbursement / payment from the City of Deltona.

| | | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|---|--|
| 1. Have you previously received assistance from the City of Deltona? | | | | | | | <input type="checkbox"/> Yes → Stop here; you do not qualify | <input type="checkbox"/> No |
| 2. Was the home damaged as a direct result of a Hurricane? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No → Stop here; you do not qualify |
| 3. Is the home located in the city limits of Deltona? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No → Stop here; you do not qualify |
| a. What is the property address? _____ | | | | | | | | |
| 4. Do you own the home you are applying for? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No → Stop here; you do not qualify |
| 5. Is this home your primary residence? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No → Stop here; you do not qualify |
| 6. Is the home a manufactured home? | | | | | | | <input type="checkbox"/> Yes → Stop here; you do not qualify | <input type="checkbox"/> No |
| 7. Have you applied for FEMA for SBA assistance? <i>*Proof of filing Disaster Survivor Application will be required at application submittal.*</i> | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No → Stop here; you do not qualify |
| 8. Do you have homeowners insurance? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If the answer to # 8 is "Yes"; | | | | | | | | |
| i) Did you file a claim with your insurance? <i>*Proof of insurance filing is required at application submittal.*</i> | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No → Stop here; you do not qualify |
| 9. Have the repairs already been completed or paid for? | | | | | | | <input type="checkbox"/> Yes → Stop here; you do not qualify | <input type="checkbox"/> No |
| 10. Is your annual gross household income at or below the maximum income limits for your household size? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No → Stop here; you do not qualify |
| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | | |
| Maximum Income Limits | \$43,920 | \$50,160 | \$56,400 | \$62,640 | \$67,680 | \$72,720 | | |

Items to be submitted with your Hurricane Disaster Recovery Prescreen.

A. Proof of Homeowners Insurance. **B.** Proof of Insurance Filing. **C.** Proof of Filing for assistance with FEMA or SBA

I am applying for; Insurance Deductible Payment Home Repairs Both

Applicant Name

Date

Address

E-Mail Address

Contact Number