



# DEPARTMENT OF DISASTER MANAGEMENT

#3 Wailing Road, McNamara

Tortola, VG 1110 Virgin Islands

Ph. 284-468-4200 Fax: 284-494-2024

E-Mail: bviddm@surfbvi.com



## NATIONAL EMERGENCY RELIEF & RECOVERY ASSISTANCE FORM

*Important: An incomplete application form cannot be considered.*

1. Event reference: \_\_\_\_\_
2. Name and alias (es) of Claimant: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ 4. Social Security #: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Telephone #'s (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Other) \_\_\_\_\_
7. List of persons who reside in the damaged household:

NAME	SEX Male/Female	AGE	RELATIONSHIP

8. Household annual income:
 

<input type="checkbox"/> Less than US \$9,000	<input type="checkbox"/> \$9,000 - \$15,000
<input type="checkbox"/> \$15,000 - \$20,000	<input type="checkbox"/> Greater than \$20,000
9. Are you or anyone in your household receiving government assistance?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If "Yes" please give details

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10. Is the property/home?  Owner occupied  Rented  Other

11. Is the land?  Owner occupied  Rented  Leased  Other

12. Does the property have planning approval?  Yes  No

13. Is the property insured?  Yes  No

If "Yes", give Company name and Policy number: \_\_\_\_\_

14. For squatter communities. Do you have either?

a. Letter of comfort:  Yes  No

*If yes, date of issue.....*

b. Squatter Regularization:  Yes  No

*If yes, date of issue.....*

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I declare that the information given is to the best of my knowledge truthful.

Name of Applicant (in bold): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



Name of Surveyor:

Department:

Signature:

Date:

Place Official Stamp Here

A large, empty rectangular box with a thin black border, intended for an official stamp.