

APPENDIX A-3

PRELIMINARY DISASTER ASSESSMENT

**Preliminary Disaster Assessment
for Multifamily Housing Properties**

**U.S. Department of Housing
And Urban Development
Office of Housing
Federal Housing Commissioner**

Public Reporting Burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The purpose of this form is to assist the owner in assessing the energy conservation needs of the property. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0582), Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

Instructions: Using this assessment checklist, HUD staff must complete the general property information section and contact the owner/management by telephone to obtain responses to the questions below. If unmet needs are identified below, HUD staff must coordinate with Headquarters staff and the appropriate Federal, State, and/or local officials to the extent possible. Life threatening issues should be reported to emergency personnel immediately.

GENERAL PROPERTY INFORMATION

| | | | |
|--|--|--|--|
| Assessment Date: | Property Name: | Property Address: | |
| Owner: Owner Phone Number: Alternate Contact/Phone Number: Email Address: | | On-Site Management Agent: Management Agent Phone Number: Alternate Contact/Phone Number: Email Address: | |
| IREMS Number: | FHA Number: <input type="checkbox"/> N/A | Section of the Act: <input type="checkbox"/> N/A | Contract Number: <input type="checkbox"/> N/A |
| Total Units: | Type of Subsidy | | Client Type |
| Total Assisted Units: | <input type="checkbox"/> Section 8 <input type="checkbox"/> Section 236 <input type="checkbox"/> Rent Supplement <input type="checkbox"/> PRAC <input type="checkbox"/> PAC <input type="checkbox"/> Section 221(d)(3) BMIR <input type="checkbox"/> RAP <input type="checkbox"/> Unsubsidized | | <input type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disabled <input type="checkbox"/> Other (please specify) |

RESIDENT STATUS/UNMET NEEDS

| | | | |
|--|---|---|--------------------------|
| Number of Occupied Units Pre-Disaster: _____ | Number of Units Currently Occupied: _____ | Number of Residents with Special Needs: _____ | |
| | YES | NO | N/A |
| 1. Have there been any reported resident injuries? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do the residents require evacuation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Would you like assistance with evaluating residents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has alternate contact information been obtained from residents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have residents been provided alternate contact information from the management staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have any of the following unmet needs been identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Risks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability Issues? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited English proficiency and/or ability to read/write? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life Threatening Issues? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PROPERTY | YES | NO | N/A |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Does the property have any of the following: | | | |
| 1. Power? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Vehicle Access? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Standing Water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were the buildings flooded? If yes, how deep and for how long? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the property accessible and safe to enter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are permits or clearances required to re-occupy, repair, or re-construct the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has management personnel taken photographs of the damage? If yes, request a scanned or faxed copy of the photographs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| UNITS | YES | NO | N/A |
| How many units are damaged and cannot be reoccupied? _____ | | | |
| 1. Can residents be moved to other units on-site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of other projects where these residents can be relocated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can all residents return to their units immediately? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can all residents return to their units within the next two weeks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can all residents return to their units within one month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall Damage (please indicate) <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Severe | | | |
| Disaster Code (please indicate) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | | | |
| Codes: 0 = No Damage-No Dislocation; 1=Power Outage – No Dislocation; 2=Minor Damage – No Dislocation; 3=Minor Damage-Dislocation; 4=Modest Damage-No Dislocation; 5=Power Damage-Full Dislocation; 6=Severe Damage-Minor (<50%) Dislocation; 7=Severe Damage-Significant (>50%) Dislocation; 8 = Severe Damage – Red Flagged; 9=Severe Damage-Demolition; 10=No Assessment | | | |
| Priority Code (please indicate) <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red | | | |
| Comments: | | | |
| Name of Reviewer: | Title of Reviewer: | Date: | |
| | | | |

| | | | | | |
|-------------------|--|--------------------|--|-------|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Reviewer: | | Title of Reviewer: | | Date: | Telephone Number: |