

Town of New Baltimore

July 1, 2009 Flood Damage

SURVEY

NAME:		TELEPHONE:			
ADDRESS:		EMAIL ADDRESS:			
OWNER OCCUPANT <input type="checkbox"/> INVESTOR OWNER: <input type="checkbox"/>					
NUMBER OF TOTAL UNITS (OR APTS.) IN THIS BUILDING:					
NUMBER OF PEOPLE IN YOUR HOUSEHOLD:			NUMBER OF PEOPLE WHO ARE OVER AGE 62:		
NUMBER OF PEOPLE THAT ARE ADULTS			NUMBER OF CHILDREN		
NUMBER OF PEOPLE WHO ARE HANDICAPPED:			NUMBER OF PEOPLE WHO ARE RETIRED:		
DO YOU HAVE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAS A CLAIM BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<p>For the line that corresponds to your family size, check the income range that matches your total annual household income in your unit only do not include your tenants (include all salary, wages, pensions, social security, interest, dividends, unemployment, disability, public assistance, etc.). This will help to determine what relief programs you may be eligible to receive. THIS IS OPTIONAL</p>					
IS YOUR HOUSEHOLD INCOME	LESS THAN	Income Level	BETWEEN	Income Level	MORE THAN
1 PERSON HOUSEHOLD		\$24,200		\$38,720	
2 PERSON HOUSEHOLD		\$27,600		\$44,160	
3 PERSON HOUSEHOLD		\$31,800		\$50,880	
4 PERSON HOUSEHOLD		\$35,350		\$56,560	
5 PERSON HOUSEHOLD		\$38,700		\$61,920	
6 PERSON HOUSEHOLD		\$41,000		\$65,600	
<p style="text-align: center;">PLEASE CHECK TYPE OF WATER DAMAGE THAT YOU HAVE:</p> <p> <input type="checkbox"/> Sewage <input type="checkbox"/> Mold <input type="checkbox"/> Broken Pipes <input type="checkbox"/> Heating System <input type="checkbox"/> Hot Water Tanks <input type="checkbox"/> Storm Water Damage <input type="checkbox"/> Other </p> <p>Have you had your heating system checked to see if it is still working? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you received HEAP this past winter? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you ever had a furnace replacement with HEAP aid? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Does your sewer system have a back water valve? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE</p> <p>Do you have an estimate of the cost of the damage? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>AMOUNT OF DAMAGE: \$ _____</p> <p>AMOUNT COVERED BY INSURANCE \$ _____ What is covered by Insurance _____</p> <p>SOURCE OF ESTIMATE: _____</p>					

Please return all completed applications **by July 24, 2009** to clerk@townofnewbaltimore.org or fax it to 756-8880 or send/bring to New Baltimore Town Hall, 3809 County Route 51, Hannacroix, NY 12087