

THE NATIONAL EMERGENCY MANAGEMENT AGENCY (NEMA)



**HURRICANE MATTHEW
VERIFICATION OF DAMAGE AND REQUEST FORM FOR REPLACEMENT OF
Building Materials, Electrical and Plumbing Fixtures and Materials,
Household Furniture, Furnishing and Appliances, Generators**

PLEASE PRINT

Name of Head of Household: _____

APPLICANT INFORMATION

Name of Applicant: _____ / _____ / _____
Last Name First Name Middle Name

Marital Status: _____ Age: _____

National Insurance No.: _____ Date of Birth: _____

Address: _____

Island: _____ City/Town/Settlement: _____

Postal Address: _____ E-mail: _____

Telephone #: _____ / _____ / _____ / _____
Home Cell Work Fax

Number of Person(s) in Household: _____

Name	Age	Employment Status	Salary

Employment Status: _____ Occupation: _____

Employer: _____

Weekly Household Income Range:

- (a) Under \$100.00 _____
- (b) \$101.00 - \$200.00 _____
- (c) \$201.00 - \$300.00 _____
- (d) \$301.00 - \$400.00 _____
- (e) \$401.00 - \$550.00 _____
- (f) Over \$550.00 _____

Please check applicable blocks:

Type of Structure: Block/Stone Wood Stucco Tabby

Extent of Damage: Slight Moderate Severe Destroyed

Ownership: Owner Tenant

Do you have Insurance Coverage? Yes No

Sum insured: Building _____ Contents _____

Have you made or will you make a claim for Insurance? _____

Name of Insurance Company / Broker: _____

Please attach copy of insurance settlement

DETAIL OF GOODS THAT ARE BEING REQUESTED:

On the attached sheet, please provide detail of each item for which approval is being sought include quantity, description and value.

Port of entry where goods will be imported: _____

Please note that where any abuse or misuse of goods imported under this Declaration is observed, the goods may be seized and disposed of in accordance with Section 268 of the Customs Management Act.

I certify that the above information that has been provided is true.

Signature of Applicant Date

FOR OFFICIAL USE ONLY

Certified by _____
Administrator **Date**

Certified by _____
Director of NEMA **Date**

Approved Denied Pending

Comments: _____

Process by: _____
Name (Print) **Signature** **Date**

