**Complete a separate form for each affected building** **and submit to:**

Iowa Finance Authority

Attn: Tim Morlan, Asset Management Director

1963 Bell Ave, Ste 200

Des Moines, IA 50315

Email: [tim.morlan@iowafinance.com](mailto:kyle.whitaker@iowafinance.com)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name**:** | |  | | | | | Project Number: | | |  |
| BIN #: | |  | | | | | | | | |
| BIN Address: | |  | | | | | | | | |
| Area Affected: | |  | | | | | | | | |
| Date of Loss: | |  | Date IFA Notified: | |  |  | | |  | |
| Total Loss? | Yes No | | | If No, List Units out of Service: | | | |  | | |

|  |  |
| --- | --- |
| Presidential Declared Disaster | Non-Presidential Declared Disaster |

|  |  |
| --- | --- |
| Have all units been restored? Yes No (if yes, please attach copies of work orders and photos)  Have all deficiencies been corrected? Yes No (if yes, please attach copies of work orders and photos) |  |

I certify all above information to be true and correct as of the date signed below.

|  |  |  |
| --- | --- | --- |
|  | | |
| Name of Ownership Entity |  |  |
|  |  |  |
| Name of Owner Representative |  | Title |
| Owner Representative Signature |  | Date |