

## HUD FACILITIES STORM REPORT

(FAX to your local HUD office)

<b>Name of Storm:</b>		<b>Property Name:</b>	
<b>Report Date:</b>		<b>Address:</b>	
<b>Contact Person:</b>		<b>City:</b>	
<b>Contact Phone:</b>		<b>County:</b>	

**1. Was there any damage due to the storm? If yes, Please explain:**

**2. Were any residents displaced as a result? If so, how many and where were they relocated to?**

**3. Are there any vacant units that may be used for housing residents displaced by the storm? If so, please indicate as follows: (Note: availability varies -- please contact property for information)**

Unit size:	1BR	2BR	3BR	4BR
Number of Units Available:				
Date of first availability:				
Deposit amount:				
Rent amount:				

**Comments:**

**Resource Description:** (Please check all that apply)

Appliances Provided:	<input type="checkbox"/> Stove	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Microwave	<input type="checkbox"/> Other
Utilities Provided:	<input type="checkbox"/> All	<input type="checkbox"/> None	<input type="checkbox"/> Cable TV	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane
	<input type="checkbox"/> Gas	<input type="checkbox"/> Sewer	<input type="checkbox"/> Trash	<input type="checkbox"/> Water	<input type="checkbox"/> Heating Oil
Lease Required:	<input type="checkbox"/> None	<input type="checkbox"/> 3-Month	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 9 Months	<input type="checkbox"/> 12 Months
Other Lease Requirements:					

**Type of Dwelling:** (Please check only one)

- |                                    |                                      |                                 |                                     |                                  |
|------------------------------------|--------------------------------------|---------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Duplex | <input type="checkbox"/> Efficiency | <input type="checkbox"/> House   |
| <input type="checkbox"/> Condo     | <input type="checkbox"/> Room        | <input type="checkbox"/> Studio | <input type="checkbox"/> Townhouse  | <input type="checkbox"/> Trailer |

**Other Information:**

- Allow Children   
  Furnished   
  Pets Allowed   
  Handicap Accessible   
  Section 8  
 (Y or N)