



# City of Deltona

Community Development  
2345 Providence Blvd.  
Deltona, Florida 32725



## HURRICANE DISASTER RECOVERY PRE-SCREEN

The intent of this application is to screen low to moderate income applicant's whose primary residence were damaged as a direct result of a Hurricane Disaster and are applying for insurance deductible reimbursement Grant for up to \$14,999.99

|   |  |   |
|---|--|---|
| 1. Have you previously received assistance from the City of Deltona?  | <input type="checkbox"/> Yes → <b>Stop here; you do not qualify.</b> | <input type="checkbox"/> No   |
| 2. Was the home damaged as a direct result of a hurricane?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No → <b>Stop here; you do not qualify</b>              |
| 3. Is the home located in the city limits of Deltona?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No → <b>Stop here; you do not qualify</b>              |
| a. What is the property address? _____  |  |   |
| 4. Do you own the home you applying for?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No → <b>Stop here; you do not qualify</b>              |
| 5. Is this home your primary residence?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No → <b>Stop here; you do not qualify</b>              |
| 6. Is the home a manufactured home?   | <input type="checkbox"/> Yes → <b>Stop here; you do not qualify.</b> | <input type="checkbox"/> No   |
| 7. Have you applied for FEMA or SBA assistance?<br><i>*Proof of filing Disaster Survivor Application will be required at Application submittal*</i> | <input type="checkbox"/> Yes   | <input type="checkbox"/> No → <b>Stop here; you do not qualify</b>              |
| 8. Do you have homeowners insurance?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No → <b>*Stop here; you do not qualify*</b>            |
| a. If the answer to #8 is "Yes"   |  |   |
| 1. Did you file a claim with your insurance?<br><i>*Proof of insurance filing is required at application submittal*</i>                             | <input type="checkbox"/> Yes   | <input type="checkbox"/> No → <b>Stop here; you do not qualify this program</b> |
| 9. Is your annual gross household income at or below the maximum income limits for your household size?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No → <b>Stop here; you do not qualify</b>              |

| Household Size        | 1        | 2        | 3        | 4        | 5        | 6        |
|-----------------------|----------|----------|----------|----------|----------|----------|
| Maximum Income Limits | \$46,800 | \$53,520 | \$60,240 | \$66,840 | \$72,240 | \$77,640 |

### Items to be submitted with your Hurricane Disaster Recovery Prescreen.

- A.** Copy of Insurance Declarations page.
- B.** Copy of Insurance Adjusters Report.
- C.** Copy of Approval or Denial letter from FEMA or SBA

Applicant Name

Date

Address

E-Mail Address

Contact Number

\* If you do not qualify for this program please contact Rebecca Perdue at 386-878-8620 or at Damaris Miranda at 386-878-8603 to see if you may qualify for one of the other programs offered by the City of Deltona. \*