

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY APPLICATION/REGISTRATION FOR DISASTER ASSISTANCE			Registration ID 39-3796674	O.M.B. No. 1660-0002 Expires Aug 31, 2013	DR # 4068
1. Name (Last, First, MI) GRUSS, MARTHA L.		2. Language English	3. Social Security Number XXX-XX-9357	4. Date of Birth 01/08/1942	5. Date of loss 06/25/2012
6. Application Date 07/05/2012		7A. Damaged phone # (386) 752-6086		7B. Alt Damaged phone # (309) 267-6780	
7C. Current phone # (386) 719-4783		7D. Alt Contact phone # None		7E. Email address HOKE@IVYMILL.COM	
NOTE: STAYING AT FRIENDS NOTE:					
8. Address of Damaged Property Street Address 321 SW LONG LEAF DR					
City LAKE CITY		State FL		Zip+4 32024 - 4234	
9. Current Mailing Address 321 SW LONG LEAF DR					
LAKE CITY FL 32024 - 4234					
10. What is your current location? Family/Friends Dwelling					
11. Do you own or rent your home? Own					
12. Is the address listed in #8 your primary residence? Yes (Primary)					
13. Type of residence: House-Single/Duplex					
14A. Was your home damaged by the disaster? Yes					
14B. Personal property damaged? Yes					
14C. Was the access to your home restricted? Not Restricted					
Utilities Out Yes					
Emergency Needs? Food ? Shelter ? Yes					
15. Cause of Damage: Flood					
16. Other Expenses: No					
17. Disaster related expenses (for uninsured or underinsured)					
Medical (including medication): No		Dental: No		Funeral: No	
18. Home/Personal Property Insurance:					
Insurance Type			Insurance Name		
Homeowners (O)			SAFE HARBOR INSURANCE COMPANY		
19. Vehicle Damage due to Disaster					
Vehicle Information (Year, Make, Model)		Damaged	Drivable	Comp	Liability
No					
20. Special Needs: Did you, your spouse, or any dependents have help or support doing things like walking, seeing, hearing, or taking care of yourself before the disaster and have you lost that help or support because of the disaster?					
Mobility:					
Cognitive/Developmental Disabilities/Mental Health:					
Hearing or Speech:					
Vision:					
Other:					
21. Occupants living in primary residence at time of disaster:					
Last, First MI		Relationship	Social Security Number	Age	Dependent
GRUSS, MARTHA L.		Registrant	XXX-XX-9357	70	Yes
22. BUSINESS DAMAGES: Self Employment is primary income? No					
Own/Represent a business or rental property affected by disaster? No					
23. Number of claimed dependents: 1		Combined family pre-disaster gross income: \$ 39,722		24. Electronic Funds Transfer: Yes	
25. You have been referred to the following sources for Disaster Aid. Housing Assistance (Owner); SBA Home & Personal Property (Owner); Other Other; Aging Services; Crisis Counseling; Emergency Assistance (ARC); Fraud Detection; Information and Referrals; Insurance Information; SBA Workshop; Small Business Administration; Social Security; Tax Assistance; Veterans Benefits;					
#DCPLHNQW					
If you have any questions or feel our information is incorrect, please call the Disaster Helpline at 1-800-621-FEMA, or for the speech or hearing impaired only, call 1-800-462-7585					