

# Virginia Department of Housing and Community Development

## Disaster Assistance Fund Program Application

The purpose of the Virginia Disaster Assistance Fund Program (“Program”) is to provide funding for disaster mitigation and relief for qualified communities to cover needs otherwise unmet by insurance, federal relief, state relief and other relief (including charities or in-kind services, construction, or reconstruction, etc.). The Program provides funding to eligible recipients for eligible activities in qualified communities. This includes assistance for individuals and communities affected by one or both of the following two disaster events:

1. Tropical Storm Helene, being a disaster occurring on or after September 25, 2024, but before October 3, 2024, and subject to a Major Disaster Declaration (FEMA-4831-DR) issued by President Biden on October 1, 2024; and
2. The storms occurring during the State of Emergency declared by Governor Youngkin on February 10, 2025, including, without limitation the heavy rains occurring on or around February 15 and 16, 2025.

### **Section A – Damaged Property Detail**

What County is the damaged property located in?

Locality: \_\_\_\_\_

Street Address of damaged property: \_\_\_\_\_  
 \_\_\_\_\_

Property Type: Residential  Commercial  Business Name: \_\_\_\_\_

Which disaster event does this application pertain to?

Tropical Storm Helene  February 2025 severe storms

\_\_\_\_\_ (Initial) I understand that this program shall not provide relief for a realty that was abandoned or uninhabited at the time of the disaster and I hereby, under oath, affirm that this property for which I am applying, was occupied/inhabited during the disaster event by the following person(s)

\_\_\_\_\_  
 (Print names)

## Section B – Owner Applicant Information

\_\_\_\_\_ (Initial) I hereby attest that my property, as identified in this application, sustained damages due to **Hurricane Helene**  **February 2025 Flood**  and that this property was owned by me during the disaster event and was not abandoned, but was occupied during the disaster event. I further acknowledge that any other eligible persons that have legal ownership of this property (*including life estates*) shall be allowed to apply with me on this application and may be entitled to share in relief compensation awarded for this property under this program.

Name	<div style="display: flex; justify-content: space-between;"> <span>Last</span> <span>First</span> <span>M.I.</span> </div>	SSN	
Address	<div style="display: flex; justify-content: space-between;"> <span>Street address</span> <span>Apt/Unit #</span> </div>	DOB	
	<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	Email	
<p>I was a Virginia resident during the disaster event - Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I am presently a Virginia resident - Yes <input type="checkbox"/> No <input type="checkbox"/> Driver's License/State ID# _____</p> <p>Mobile Number (_____) - _____ Home Number (_____) - _____</p>			

Name	<div style="display: flex; justify-content: space-between;"> <span>Last</span> <span>First</span> <span>M.I.</span> </div>	SSN	
Address	<div style="display: flex; justify-content: space-between;"> <span>Street address</span> <span>Apt/Unit #</span> </div>	DOB	
	<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	Email	
<p>I was a Virginia resident during the disaster event - Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I am presently a Virginia resident - Yes <input type="checkbox"/> No <input type="checkbox"/> Driver's License/State ID# _____</p> <p>Mobile Number (_____) - _____ Home Number (_____) - _____</p>			

**Section B – Owner Applicant Information continued**

Name		SSN	
	Last                      First                      M.I.		
Address		DOB	
	Street address                      Apt/Unit #		
		Email	
	City                      State                      Zip Code		
I was a Virginia resident during the disaster event - Yes <input type="checkbox"/> No <input type="checkbox"/>			
I am presently a Virginia resident - Yes <input type="checkbox"/> No <input type="checkbox"/> Driver's License/State ID# _____			
Mobile Number (_____) - _____ Home Number (_____) - _____			

**Section C – Property Damage Information**

**CLASSIFICATIONS**

All real property located on one parcel of land shall be included on this application and the total approvable program award limit, for both classifications, Total Loss and Major, whether commercial or residential, shall not exceed \$500,000. For purposes of this application, under this program, real property values may be derived from the applicant's most current pre-disaster county tax assessment Real Estate Tax Ticket, or, in the case of some manufactured (*mobile*) homes, Personal Property Tax Ticket.

\_\_\_\_\_ I hereby attest that I have presented, a DEED  TITLE  OTHER  as my proof of ownership for the property for which I am applying. (*Attach proof of ownership*)

**Property damages must meet criteria set forth in legislative language and program guidelines for the property to be eligible for award consideration. Property classifications shall be declared by a program-approved licensed professional and shall be limited to the following two categories:**

1. **Total Loss** – “Total loss” means real property that has been destroyed, such that there is a total loss of the structure, the structure is not economically feasible to repair, or there is a complete failure to major structural components, such as a collapse of the basement, wall, or roof. The amount of relief provided to an eligible applicant shall be up to 100% of the property value for the realty that represents a total loss.
2. **Major Damage** – “Major damage” means real property that has substantial failure to its structural elements, such as walls, floor, or foundation, or that has sustained damage that will take more than 30 days to repair. The amount of relief provided to an eligible applicant shall be up to 50% of the property value for the realty that sustained major damage.

## Section D – Declared Property Damages

Select only the types of damages that this property sustained due to the disaster event for which you are applying. Do NOT select property damages that were incurred by events other than the disaster event for which you are applying. The applicant shall provide pictures of damages.

Home/Business Structural Damage: Wall(s)  Basement  Floor(s)  Roof  Foundation

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you received any financial or material in-kind assistance(s) to rebuild your home or business location since the flood?

Yes  No

If Yes, please provide details on the type of assistance, source: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Section E – Applicable Deductions

### 1. Insurance

All insurance policies/coverages for this property, in effect at the time of the disaster event, shall be listed below. A copy of all insurance policies and declarations pages shall be submitted. The applicant must provide sufficient proof when declaring no insurance coverage during the dates of the disaster event (A No-Insurance Declaration affidavit may be submitted). Failure to disclose insurance coverage for this property may result in the denial of relief under this program or the return of funds if relief has been provided based on false information (Applicant must select 1a or 1b below).

(1a) \_\_\_\_\_ (Initial) I do hereby attest that I **DID NOT** have insurance coverage (flood, disaster, homeowner's, other) for this property during the dates of the disaster event for which I have applied, therefore NO insurance proceeds were received for damages to this property caused by this disaster event.

(1b) \_\_\_\_\_ (Initial) I do hereby attest that I **DID** have insurance coverage (flood, disaster, homeowner's, business, other; copies of all relevant policies are attached) for this property during the dates of the disaster event for which I have applied and ALL insurance proceeds received as a result from claims for property damages for this property due to this disaster event are disclosed below as follows:

- **Flood/Disaster - Insurance Provider** \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Proceeds Received \$ \_\_\_\_\_
- **Homeowner's - Insurance Provider** \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Proceeds Received \$ \_\_\_\_\_

**Total Insurance Proceeds Received** (Enter on Worksheet Section F, 6c) \$ \_\_\_\_\_

**Section E – Applicable Deductions continued**

**2. Federal – State Relief**

All federal and state disaster relief applied for and/or received for this property, due to this disaster event, shall be listed below. Failure to disclose proceeds from federal or state relief may result in the denial of relief under this program.

Have you applied for any Federal or State assistance due to this disaster event? Yes  No

If you answered Yes, list the assistance type: \_\_\_\_\_

- Federal Assistance/Loan Relief Received: \$ \_\_\_\_\_ Account # \_\_\_\_\_
- Federal Assistance/Loan Relief Received: \$ \_\_\_\_\_ Account # \_\_\_\_\_

**Total Federal Assistance Relief Received** (Enter on Worksheet Section F, 6a) \$ \_\_\_\_\_

- State Assistance/Loan Relief Received: \$ \_\_\_\_\_ Account # \_\_\_\_\_
- State Assistance/Loan Relief Received: \$ \_\_\_\_\_ Account # \_\_\_\_\_

**Total State Assistance Relief Received** (Enter on Worksheet Section F, 6b) \$ \_\_\_\_\_

# SECTION F – COMPENSATION WORKSHEET

## WORKSHEET TO BE COMPLETED BY AGENCY

Street Address \_\_\_\_\_

Title/Map ID Number \_\_\_\_\_

1. The Classification Declaration form, as prepared for this application by a program-approved licensed professional, must be completed and submitted prior to completing the worksheet below, as the declared classification will determine placement of property values for requested funds.
2. The Classification Declaration form, as prepared for this application by a program-approved licensed professional, identifies this property as:

TOTAL LOSS  MAJOR

<b>3.</b>	<b>Property Values:</b>	
3a	Total Land Tax-Assessed Value	
3b	Total Improvements Tax-Assessed Value	
3c	Combined Property Tax-Assessed Value <span style="float: right;"><i>(Line 3a + Line 3b)</i></span>	
<b>4.</b>	<b>Total Loss Compensation Limit</b>	<i>(Multiply Line 3c x 100%)</i>
<b>5.</b>	<b>Major Compensation Limit</b>	<i>(Multiply Line 3c x 50%)</i>
<b>6.</b>	<b>Deductions:</b>	
6a	Non-Exempt Federal Relief:	
6b	Non-Exempt State Relief:	
6c	Non-Exempt Insurance Proceeds:	
6d	Other <i>(describe)</i>	
6e	<b>Total Deductions</b>	<i>(6a+6b+6c+6d)</i>
<b>7.</b>	<b>TOTAL COMPENSATION REQUESTED:</b>	<i>(4 or 5) – 6e</i>

Worksheet prepared by: \_\_\_\_\_ *(Print Agency Employee's Name)*

## SECTION G – CERTIFICATIONS/SIGNATURES

By signing this document, I, the applicant, certify that:

1. I understand that my application is subject to the availability of funds.
2. I understand that all information and documentation submitted for my application, in all respects, including but not limited to real property percentages of ownership and legal standing to receive compensation for which I have applied, is accurate and true and that I have not withheld information requested/required, and any information presented for my application may be shared as needed.
3. I understand that misrepresenting any information or failing to disclose information requested on the required forms may disqualify me from participation in the program and/or may be grounds for repayment of assistance.
4. Both the Virginia Department of Housing and Community Development and the county agency facilitating my application have my permission to verify all information presented in my application to determine my eligibility for disaster relief assistance.
5. I understand that my application will not be awarded financial compensation if I am found to be an ineligible applicant, if my property does not meet all criteria as set forth by legislative language and program guidelines, or if my application and/or required supporting documentation is incomplete.
6. I understand that the intended use of assistance funds received from this program is for repair of damaged properties as submitted in this application and located at the address(s) for which I have applied, and for replacement of destroyed property, and I agree to return unused funds to the Virginia Department of Housing and Community Development if funds are not used for the program’s intended purpose.
7. I shall not create, be deemed to create, or permit any personal liability or obligation on the part of any direct or indirect employee of Virginia Department of Housing and Community Development or the local facilitating agency, or any of the state or local agencies’ respective officers, directors, employees, agents or representatives, and I hereby swear an oath to not bring or be party to any legal suit/action, against any state or local employee, direct or indirect, or any of the agencies’ respective officers, directors, employees, agents or representatives, and by my action of making application and/or receiving compensation funds from the Commonwealth of Virginia, and I hereby release all state and local agencies involved with my application and hold them harmless.
8. I affirm that I have read the complete application in its entirety, understand the content processes and terms and guidelines of This Program, and agree to all terms of this program.

**WARNING: It is unlawful to provide false information to the government when applying for recovery assistance.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF VIRGINIA, in the COUNTY OF \_\_\_\_\_

The foregoing Instrument was subscribed, sworn to/affirmed, and acknowledged before me, whose identity is known or was proven to me by photographic evidence. Individual names and dates of notarization below.

My Commission Expires: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Individual’s Name: \_\_\_\_\_

Notary Signature: \_\_\_\_\_



