

**JEFFERSON COUNTY EMA  
INITIAL DAMAGE ASSESSMENT INFORMATION**

The information requested on this form is the information needed by Jefferson County Emergency Management Agency (EMA) to include your private property damage in the County’s initial damage assessment. Please complete as much of the form as possible and return it to an EMA representative, or to the County Mayor’s Office. You may FAX the form to Jefferson County EMA at 865.475.9458. Please do not mail. The information in the same order may also be e-mailed to: [twilder@jeffersoncountyttn.gov](mailto:twilder@jeffersoncountyttn.gov). Collection of this information is time sensitive.

**THIS FORM DOES NOT AUTOMATICALLY QUALIFY YOU FOR ANY CASH OR OTHER ASSISTANCE PAYMENTS BUT WITHOUT THIS INFORMATION YOUR PROPERTY AND THE COUNTY MAY NOT QUALIFY FOR ANY ASSISTANCE.**

\* Please circle the category that applies to your property:

This is my: **Primary Residence**      **Secondary Residence**      **Rental Property**

1. **Jurisdiction:** Name of city, or community, or development: \_\_\_\_\_

2. **Incident Type:** Circle one that best applies:

a. **WIND DAMAGE** - *INCLUDES WIND DAMAGE TO STRUCTURE and TREE BLOW-DOWN DAMAGE TO STRUCTURE*

b. **WIND DRIVEN RAIN AND FLOODING** – *same as “a” includes water damage*

c. **EARTHQUAKE**

d. **LANDSLIDE** (NOT EARTHQUAKE)      e. **OTHER:** \_\_\_\_\_

3. **Date(s) of Damage:** From: \_\_\_\_\_ To: \_\_\_\_\_

4. **Last Name:** \_\_\_\_\_, **First Name:** \_\_\_\_\_, **MI:** \_\_\_\_\_

5. **Street Address:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

6. **Occupant:** Circle one that applies: **OWNER**      **RENTER**

7. **Habitable:** Circle one that applies: **HABITABLE**      **NOT HABITABLE**

8. **Accessible:** Circle one that applies: **YES**      **NO**

*(Accessible – can you drive to your property as you normally would, is your driveway or road intact, blocked by trees, covered with water, mud or debris to deep to cross?)*

9. **Insurance:** Circle one: **homeowners, flood, earthquake, NONE**

10. **Insurance Deductible:** Enter \$\$ amount or % amount:

**by \$ Amount:**\_\_\_\_\_

**by % of Structure fair Market Value (FMV)**\_\_\_\_\_

11. **Estimated Structural Loss in Dollars (\$\$), BEST GUESS \$**\_\_\_\_\_

*Do Not wait for an insurance estimator or contractor's estimate.*

12. **Estimated personal property loss in dollars (\$\$): \$**\_\_\_\_\_

Your BEST GUESS value for essential items: clothing, furniture, cars, appliances.

For renters this will be the only damage reported. Do not wait for other estimates.

13. **Damage Category: DESTROYED MAJOR MINOR AFFECTED**

**Destroyed:** Total Loss, Permanently Uninhabitable

**Major:** Significant or structural damage greater than 50% of value, uninhabitable

**Minor:** Conditional use, repairable in less than 30 days, few \$1000's for repairs

**Affected:** Living space damaged, but still habitable

14. **BRIEF DESCRIPTION OF THE DAMAGE.** Be brief. Comment on the damage to the structure and contents and any access problems or restrictions. **Damage to outbuildings and landscaping is not eligible.**

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15. **Contact information:**

Current address:\_\_\_\_\_

Current telephone phone number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_