

PROOF OF LOSS - HERMIT'S PEAK/CALF CANYON FIRE

CLAIMANT CONTACT INFORMATION	
Name: _____	
Current Address: _____	
City, State, Zip: _____	
Damaged Property Address: _____	
City, State, Zip: _____	
Phone Number: _____	Fax No.: _____
E-mail Address: _____	Claim Number: _____
For verification purposes, please provide one or more of the following: Social Security Number and/or Tax Identification Number _____ Business Identification Number _____ Other form of identification (Driver's license, Student ID, etc.) _____	
Note that compensation under the Hermit's Peak/Calf Canyon Fire Assistance Act is available to all injured persons, regardless of the citizenship or alien status of the individual.	
TYPE OF CLAIM	
<input type="checkbox"/> Final Proof of Loss <input type="checkbox"/> Partial Proof of Loss	
What type of claim does this Proof of Loss cover? (Check only one option)	
<input type="checkbox"/> Individual or Household	<input type="checkbox"/> Not-for-Profit
<input type="checkbox"/> Business	<input type="checkbox"/> Government
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Other: _____
This Proof of Loss relates to the Notice of Loss filed by the Claimant on _____ and is submitted pursuant to the Hermit's Peak/Calf Canyon Fire Assistance Act for injuries resulting from the Hermit's Peak/Calf Canyon Fire.	
AMOUNTS CLAIMED	
The following are the amounts claimed, by category, by the Claimant:	
INDIVIDUAL OR HOUSEHOLD	
Personal Injury	
Medical Expenses	\$ _____
Lost Wages/Personal Income (Injury-Related)	\$ _____
Real Property Address: _____	
Repair	\$ _____
Replacement	\$ _____
Decreased Value	\$ _____
Reforestation and/or Revegetation	\$ _____
Debris Removal and Other Clean-Up Costs	\$ _____
Heightened Risk Reduction	\$ _____
Personal Property	
Vehicles/Equipment	\$ _____
Contents	\$ _____
Other	\$ _____

INDIVIDUAL OR HOUSEHOLD (Continued)

Lost Wages/Personal Income (Not Injury-Related)	\$ _____
Increased Mortgage Interest Costs	\$ _____
Flood Insurance Premiums	\$ _____
Insurance Deductible	\$ _____
Temporary Living/Relocation Expense	\$ _____
Subsistence Resources	\$ _____
Other (Brief Description) _____	
Total Amount Claimed	\$ _____

BUSINESS OR NON-PROFIT ORGANIZATION

Real Property Address: _____

Repair	\$ _____
Replacement	\$ _____
Decreased Value	\$ _____
Reforestation and/or Revegetation	\$ _____
Debris Removal and Other Clean-Up Costs	\$ _____
Heightened Risk Reduction	\$ _____

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Personal Property

Vehicles/Equipment	\$ _____
Tangible Assets	\$ _____
Inventory	\$ _____
Other	\$ _____

Business Interruption \$ _____

Overhead Costs \$ _____

Emergency Staffing Expenses \$ _____

Employee Wages for Unperformed Work \$ _____

Increased Mortgage Interest Costs \$ _____

Flood Insurance Premiums \$ _____

Insurance Deductible \$ _____

Temporary Rental/Relocation Expense \$ _____

Other \$ _____

Total Amount Claimed \$ _____

GOVERNMENT (STATE, TRIBAL OR LOCAL)

Real Property Address: _____

Repair	\$ _____
Replacement	\$ _____
Decreased Value	\$ _____
Reforestation and/or Revegetation	\$ _____
Debris Removal and Other Clean-Up Costs	\$ _____
Heightened Risk Reduction	\$ _____

Personal Property

Vehicles/Equipment	\$ _____
Tangible Assets	\$ _____

GOVERNMENT (STATE, TRIBAL OR LOCAL) (Continued)

Personal Property (Continued)

Inventory	\$ _____
Other	\$ _____
Firefighting Costs and Emergency Response	\$ _____
Emergency Staffing Expenses	\$ _____
Administrative Expenses	\$ _____
Increased Mortgage Interest Costs	\$ _____
Temporary Rental/Relocation Expense	\$ _____
Tribal Subsistence Resources	\$ _____
Other	\$ _____
Total Amount Claimed	\$ _____

A statement describing the nature and extent of each injury for which compensation is sought must be attached to this Proof of Loss. Please coordinate with your Claims Reviewer if you have any questions about the information to include with this Proof of Loss. Write your name and claim number on all documents submitted with this form. Please keep all original documents and retain a copy of this Proof of Loss form for your records.

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YOU MUST SIGN THE CERTIFICATION ON PAGE 4 BEFORE SUBMITTING THIS PROOF OF LOSS

CERTIFICATION

This Proof of Loss consists of this form and the attached documents supporting the claim(s). The undersigned Claimant (or legal representative of the Claimant) declares under penalty of perjury under the laws of the United States that all of the information on this form is true and correct. The undersigned Claimant (or legal representative of the Claimant) further certifies under penalty of perjury that no amount claimed in this Proof of Loss has been paid or will be paid by insurance, other assistance programs, or any other source.

Individual and Household Claimants Sign Below:

1. Name of Claimant: _____

Claimant Signature _____ Date _____

2. Name of Claimant: _____

Claimant Signature _____ Date _____

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Other Claimants and Legal Representatives of Individual Claimants Sign Below:

Name of Claimant: _____

Signature of duly authorized legal representative of Claimant _____ Date _____

Title of legal representative or Relationship to Claimant

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the Notice of Loss form to which this Notice is attached. The authority for the collection of this information is Hermit's Peak/Calf Canyon Fire Assistance Act, Public Law 117-180. The information you provide will be used to verify your identity, to verify your eligibility, and to verify any previous compensation made in connection with the Hermit's Peak/Calf Canyon Fire. Some or all of the information you provide may be released to federal, state, and local government agencies or private organizations for the purpose of confirming your identity, your eligibility and any previous compensation or payments made in connection with the Hermit's Peak/Calf Canyon Fire. The information may also be released when otherwise authorized by statute or regulation. Disclosure of the information by you is required in order for you to make a claim under the Act. It will not be possible to process your claim without the information.

Routine Uses: The Privacy Act permits us to disclose information about individuals without their consent for a routine use, i.e., when the information will be used for a purpose that is compatible with the purpose for which we collected the information. The routine uses of this system are:

- a) Disclosure may be made to agency contractors who have been engaged to assist the agency in the performance of a contract service related to this system of records and who need to have access to the records in order to perform the activity. Recipients shall be required to comply with the requirements of the Privacy Act of 1974, as amended, 5 U.S.C.552a.
- b) Disclosure may be made to a member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
- c) Disclosure may be made to other Federal agencies that FEMA has determined provided Hermit's Peak/Calf Canyon fire-related assistance to claimant in order to ensure that benefits are not duplicated.
- d) Disclosure of information submitted by an individual claimant may be made to an insurance company or other third party which has submitted a subrogation claim relating to such claimant when it is necessary in FEMA's opinion to ensure that benefits are not duplicated and to efficiently coordinate the processing of claims brought by individuals and subrogees.
- e) When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative or prosecutive responsibility of the receiving entity.
- f) Disclosure may be made to the National Archives and Records Administration for the purpose of conducting records management studies under the authority of 44 U.S.C. 2904 and 2906.

Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 45 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street. SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0155) **NOTE: Do not send your completed form to this address.**