

PROOF OF LOSS

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:

Tax Identification Number _____
 Business Identification Number _____
 Other form of identification (Driver's license, Student ID, etc.) _____

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 PROOF OF LOSS

Partial Payment Proof of Loss Final Proof of Loss

What type of claim does this Proof of Loss cover? (Check only one option)

- Individual or Household Not-for-Profit
 Business Government
 Tribal Nation/Tribal Government Other: _____

This Proof of Loss relates to the Notice of Loss acknowledged by the Claims Office 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:

Medical Expenses

Medical Expenses \$ _____
 Lost Personal Income \$ _____

Real Property Address: _____

Repair \$ _____
 Replacement \$ _____
 Decreased Value \$ _____
 Reforestation and/or Revegetation \$ _____
 Debris Removal and Other Clean-Up Costs \$ _____
 NRCS Plan Estimates \$ _____
 Decreased Value \$ _____

Personal Property

Vehicles/Equipment \$ _____
 Contents \$ _____
 Other \$ _____

Flood Insurance

Flood Policy Reimbursement \$ _____
NFIP Policy Request \$ _____

Insurance Deductible

Homeowner Insurance \$ _____
Vehicle Insurance \$ _____
Personal Property Insurance \$ _____
Flood Insurance \$ _____

Evacuation/Relocation

Evacuation Expenses \$ _____
Temporary Housing/Relocation Expenses \$ _____
Moving and Storage Expenses \$ _____

SBA Loan Repayment

\$ _____

Business Interruption Expenses

\$ _____

Risk Reduction

Individual Household Risk Reduction \$ _____
Community Scale Risk Reduction \$ _____

Other (Brief Description)**Total Amount Claimed**

\$ _____

Write a statement describing the nature and extent of each injury for which you are requesting compensation. If you have any questions about the information to include with this Proof of Loss, please coordinate with your Navigator. Ensure that you write your name and claim number on all documents submitted with this form. If you are working with a Navigator, you may state that you have provided this documentation to them. Additionally, retain copies of all original documents and keep a copy of this Proof of Loss form for your records.

YOU MUST SIGN THE CERTIFICATION ON PAGE 3 BEFORE SUBMITTING THIS PROOF OF LOSS

CERTIFICATION

This Proof of Loss consists of this form and the attached or previously submitted documents supporting the claim(s). The undersigned Claimant (or legal representative of the Claimant if a business or individual) declares under penalty of perjury under the laws of the United States that all the information on this form is true and correct. The undersigned Claimant (or legal representative of the Claimant if a business or individual) 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 _____

3. Name of Claimant: _____

Claimant Signature _____ Date _____

4. Name of Claimant: _____

Claimant Signature _____ Date _____

5. Name of Claimant: _____

Claimant Signature _____ Date _____

6. Name of Claimant: _____

Claimant Signature _____ Date _____

7. Name of Claimant: _____

Claimant Signature _____ Date _____

Please include additional signatures on another page if needed.

DRAFT

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 who provided assistance to claimants related to the Hermit's Peak/Calf Canyon Fire, 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, either independently or in conjunction with other records, suggests a violation or potential violation of the law--whether civil, criminal, or regulatory in nature, and whether arising under general statute, a particular program statute, or through a regulation, rule, or order issued pursuant thereto--disclosure may occur to the appropriate agency. This agency may be Federal, foreign, state, local, or another public authority responsible for enforcing, investigating, or prosecuting the violation. Additionally, disclosure may extend to entities charged with enforcing or implementing the relevant statute, rule, regulation, or order. The disclosed information is relevant to the enforcement, regulatory, investigative, or prospective responsibilities 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.**