

# ***Disaster Victim Assistance***

## **Onsite Septic System Repair/Replacement**



(PLEASE PRINT)

Head of Household Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: Alabama Zip Code: \_\_\_\_\_

PLEASE CHECK ONE: House \_\_\_\_\_ Mobile Home \_\_\_\_\_

How Many People Currently Live in The Home? \_\_\_\_\_

Do Any Disabled Individuals Live in Home? (YES / NO) \_\_\_\_\_ How Many? \_\_\_\_\_

COUNTY HEALTH DEPARTMENT JURISDICTION: \_\_\_\_\_

Do You Own This Home? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, Who Is the Current Property Owner? \_\_\_\_\_

Do You Have Homeowners Insurance on Home? YES \_\_\_\_\_ NO \_\_\_\_\_

Will Homeowners Insurance Cover Any Portion of Repair/Replacement Cost? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY GOVERNMENT ASSISTANCE RECEIVED:

\_\_\_\_\_  
\_\_\_\_\_

Are You A Veteran or Currently Serving? YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE OF ASSISTANCE NEEDED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Repair/Replacement Recommended By (Please Print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Person Requesting System Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_