

REBUILD DUBLIN-LAURENS

HURRICANE HELENE ROOF DAMAGE OR STUMP REMOVAL APPLICATION

REQUIREMENTS AND REQUIRED DOCUMENTS:

1. Property seeking relief must be owner occupied homes. No rental or investment properties will be considered.
 2. Approximate household income information. Applications missing this information will not be considered.
 3. Photos of damage and / or repair. Applications missing this information will not be considered.
 4. Copies of estimates for repair.
 5. Additional information as may be requested.
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SUBMITTAL INSTRUCTIONS:

1. Complete this PDF application form, including signature (handwritten signatures ONLY).
2. Gather required documentation as listed above.
3. Signed PDF application forms and all required documents may be **emailed** as attachments to rozierd@dublinga.org or lumleyd@dlcga.org; **OR hand-delivered** to *City of Dublin City Hall* ATTN: Dorothy Rozier 100 S. Church Street, Dublin, GA 31021 or *Laurens County Board of Commissioner's Office* ATTN: Donna Lumley 117 E. Jackson Street, Dublin, GA 31021; **OR mailed** to *City of Dublin City Hall* ATTN: Dorothy Rozier PO Box 690, Dublin, GA 31040 or *Laurens County Board of Commissioner's Office* ATTN: Donna Lumley PO Box 2011, Dublin, GA 31040.
4. For questions regarding this application, please contact City of Dublin Community Development Coordinator, Dorothy Rozier, at 478-410-5421 and rozierd@dublinga.org **OR** Laurens County CPA Finance Officer, Donna Lumley, at 478-272-4755 and lumleyd@dlcga.com.

Property and Owner Information:

Owner Name:

Damaged Property Address:

Mailing Address:

Phone:

Email:

Owner Date of Birth:

Approximate Gross (before tax) Household Income (*REQUIRED*): \$

Adults Residing in Household (#):

Children Residing in Household (#):

*Damages (*PHOTOS REQUIRED*):*

Approximate Size of Home (sq. ft.):

Type of Damage (check all that apply):

Shingle

Structural

Metal

Stump Removal

Brief Description of Total Damage:

Estimate for repair attached:

Yes

No

If no estimate for repair has been obtained, please briefly explain why:

Property Insurance:

Is the home insured?

Yes

No

If yes, please provide:

Insurance Company:

Policy Number:

Is there a deductible for damages?

Yes

No

If yes, what is the deductible amount? \$

Has a claim been filed for roof damage due to Hurricane Helene:

Yes

No

If yes, has deductible been paid:

Yes

No

If a claim has been filed, has money been received for this claim:

Yes

No

Has a claim been filed for stump removal due to Hurricane Helene:

Yes

No

If yes, has deductible been paid:

Yes

No

If a claim has been filed, has money been received for this claim:

Yes

No

GEMA and/or FEMA:

Has an application been made to GEMA for roof damage:

Yes

No

If yes, has property been approved for GEMA funding:

Yes

No

If yes, has money been received for GEMA assistance:

Yes

No

If yes, how much: \$

Has an application been made to FEMA for roof damage:

Yes

No

If yes, has property been approved for FEMA funding:

Yes

No

If yes, has money been received for FEMA assistance:

Yes

No

If yes, how much: \$

Applicant Certification:

I hereby certify that I am the owner in fee simple of the above-described property. Furthermore, I certify said property location as my permanent residence.

I further certify that I have answered all questions contained herein and know the same to be true and correct. All application information provided is in accordance with State Law and local ordinances. Further, I understand that any funding or assistance issued or awarded, based upon false information or misinterpretation provided by the applicant, will be null and void and subject to the penalty as provided by law and ordinance.

I understand and agree that said property will be accessible for damage inspection purposes and authorized officials of the City of Dublin or Laurens County, Georgia are hereby permitted to enter the premises for such required inspection.

I declare under penalty of perjury that the foregoing is true and correct.

Date:

Signature of Applicant: _____

Printed Name of Applicant: