

Worksheet Date: \_\_\_\_\_

**DEPARTMENT OF HOMELAND SECURITY**  
**Federal Emergency Management Agency**  
 National Flood Insurance Program

OMB Control Number: 1660-0005  
 Expiration: 05-31-2026

ACV Amount of Loss (total from column 10)  
 \$ \_\_\_\_\_

**BUILDING PROPERTY WORKSHEET**

Policyholders use this form provide specifications of the damaged building(s) and a detailed repair estimate, which includes an inventory of the of flood-damaged building property showing the quantity, description, actual cash value and amount of loss, as required by the [Standard Flood Insurance Policy](#) (SFIP) in sections VII.J.3. and VII.J.4.f. (Dwelling Form and General Property Form) and sections VIII.J.3. and VIII.J.4.f. (Residential Condominium Building Association Policy Form).

POLICY NO.: _____	DATE OF LOSS: _____	CLAIM/FILE NO.: _____
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POLICYHOLDER: \_\_\_\_\_  
 PROPERTY ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE #1: \_\_\_\_\_ PHONE #2: \_\_\_\_\_  
 EMAIL(S): \_\_\_\_\_

Building usage: \_\_\_\_\_ Year built: \_\_\_\_\_  
 Building type: \_\_\_\_\_  
 Foundation type: \_\_\_\_\_ No. floors: \_\_\_\_\_  
 Exterior wall construction type: \_\_\_\_\_ No. rooms: \_\_\_\_\_  
 Exterior wall surface type: \_\_\_\_\_ No. baths: \_\_\_\_\_  
 Building dimensions (L x W): \_\_\_\_\_ x \_\_\_\_\_ Total sq. ft.: \_\_\_\_\_  
 Estimated cost (pre-loss) to rebuild building from the ground up if totally destroyed (below):

Click on box below to upload diagram or photo of insured building (image files: \*.jpg, \*.gif, \*.png, \*.tif)

Replacement Cost Value (RCV)	Less Depreciation	Actual Cash Value (ACV)
\$ _____	\$ _____	\$ _____

1	2	3	4	5	6	7	8	9	10
Item No.	Room/Area of Item (e.g., Exterior, Bedroom, Hallway, Living Room, Master Bathroom, Detached Garage)	Description of Item (e.g., clean floor, remove batt insulation, replace 1/2" drywall, paint interior door, replace 3-ton air condenser; model #, serial #, age)	Qty. of Item #	Unit Cost to Repair or Replace (Includes Tax) x	Unit Type (e.g., EA, HR, LF, SF, SY)	Total Cost to Repair or Replace (RCV) =	Rate of Depreciation (if replacing) %	Amount of Depreciation (calculated) -	Depreciated Amount of Loss (ACV) =
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

+ -	Click to add/remove additional rows (if needed)	<b>Totals:</b>							
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## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the Federal Emergency Management Agency (FEMA) is requesting the information on this form.

### AUTHORITY

FEMA is authorized to collect the information requested on this form pursuant to the National Flood Insurance Act of 1968, as amended, 42 U.S.C. § 4001, et seq., and the Bunning-Bereuter-Blumenauer Flood Insurance Reform Act (FIRA) of 2004, Pub. L. No. 108-264 § 205.

### PURPOSE

FEMA is requesting this information to manage and account for the National Flood Insurance Program's (NFIP) claims and claims appeal processing. FEMA and Write Your Own (WYO) companies underwriting NFIP policies will use this information to access flood-related damages to properties covered by NFIP policies, process payments against flood claims against property in accordance to NFIP policy terms and coverage, and to review claims for damaged property to ensure appropriate processing such claims.

### ROUTINE USES

The information requested on this form may be shared externally as a "routine use" to, the Army Corps of Engineers, other Federal agencies, state government agencies, local government agencies, tribal government agencies, property loss reporting bureaus, state insurance departments, insurance companies, reinsurance companies and capital marketing firms, to assist the Department of Homeland Security in investigating fraud or potential fraud in connection with claims; to review NFIP policy and claims information for properties within its jurisdiction in order to assist in hazard mitigation and floodplain management activities, and in monitoring compliance with the floodplain management measures adopted by the community; to conduct research, analysis, and feasibility studies of policies and claims within its jurisdiction; and to implement the NFIP Reinsurance Program. A complete list of the routine uses can be found in the system of records notice associated with this form, "Department of Homeland Security/FEMA – 003 National Flood Insurance Program Files System of Records (79 Fed. Reg. 28,747, May 19, 2014)." The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

### CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION

Providing this information to is voluntary. However, failure to provide this information may result in FEMA, your insurance agency, or agent from properly processing NFIP policy claims or claims appeals and issuing the proper payout for flood related damages to the property related to the NFIP policy. Individuals who do not provide this information may contact your NFIP policy agent, or access the NFIP support page at <https://www.fema.gov/national-flood-insurance-program-technical-support-hotline> and follow the instruction for submitting written concerns to the NFIP.

## PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for the collection of information titled "FEMA Inspection and Claims Forms" is estimated to average 7.5 hours 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 these forms. You are not required to respond to this collection of information unless a currently valid OMB control number and expiration date is displayed in the upper right corner of these forms. Send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, Paperwork Reduction Project (1660-0005). **NOTE: Do not send your completed form to this address.**

FEMA FORM NO.	TITLE	BURDEN HOURS
086-0-6	Personal Property (Contents) Worksheet	3.00 Hours
<b>086-0-7</b>	<b>Building Property Worksheet</b>	<b>3.00 Hours</b>
086-0-9	Proof of Loss - Building & Contents (Policyholder-Prepared)	.17 Hours
086-0-10	Proof of Loss - Increased Cost of Compliance (ICC)	1.75 Hours
086-0-11	First Notice of Loss	.17 Hours
086-0-17	Manufactured (Mobile) Home/Travel Trailer Worksheet	1.50 Hours
086-0-22	Proof of Loss - Building & Contents (Adjuster-Prepared)	.08 Hours
086-0-23	Advance Payment Request - Building & Contents	.17 Hours
086-0-24	Advance Payment Request - Increased Cost of Compliance (ICC)	.25 Hours
086-0-25	Claim Appeal	1.50 Hours
009-0-143	Onsite Housing Inspection	1.00 Hours
009-0-144	Remote Voice Telephony Housing Inspection	1.00 Hours
009-0-145	Remote Video Telephony Housing Inspection	1.00 Hours