

MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER 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.: _____
Policyholder Information POLICYHOLDER: _____ PROPERTY ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE #1: _____ PHONE #2: _____ E-MAIL(S): _____		Click on box below to upload exterior photo or diagram of manufactured (mobile) home or travel trailer (image files: *.jpg, *.gif, *.png, *.tif) <div style="border: 1px dashed black; height: 150px; margin-top: 10px;"></div>
Site Hazard Information Site type: _____ FIRM date: _____ Date manufactured home/travel trailer was permanently affixed to the site: _____ Building's FIRM status (from the date of construction determination): _____		
Building Specifications (manufactured home/travel trailer factory-built sections) Building type: _____ Occupancy/usage: _____ Manufacturer & model: _____ Unit configuration: _____ Year built: _____ Section 1 dimensions (width x length): _____ x _____ Sec. 1 sq. ft.: _____ Number of bedrooms: _____ Gross area of fully-assembled unit: _____ Quality of construction/condition of unit: <input type="checkbox"/> Fair <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent		Section Identification Source: <input type="checkbox"/> Data plate <input type="checkbox"/> Chassis <input type="checkbox"/> Title <input type="checkbox"/> HUD tag <input type="checkbox"/> Deed <input type="checkbox"/> None found Serial No./VIN (Section 1): _____ Comments: _____ Principal residence: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Building Specifications (chassis/frame) Chassis components removed (select all that apply): <input type="checkbox"/> Tongue <input type="checkbox"/> Wheels <input type="checkbox"/> Axles <input type="checkbox"/> Spring assemblies <input type="checkbox"/> Add comments		
Building Specifications (foundation) Foundation classification: _____ Foundation type: _____ Foundation material: _____ Primary footing type: _____ Installation/anchoring method at the time of the loss (select all the apply): <input type="checkbox"/> consisted of over-the-top or frame ties-to-ground anchors <input type="checkbox"/> accorded with manufacturer's specifications <input type="checkbox"/> complied with state or local building standards <input type="checkbox"/> complied with community's floodplain management requirements * <input type="checkbox"/> * unless it has been continuously insured by the NFIP at the same described location since 9/30/1982 Tie-downs (select all that apply): <input type="checkbox"/> Over-the-top straps <input type="checkbox"/> Frame ties (straps/cables) <input type="checkbox"/> Wall ties (straps/cables) <input type="checkbox"/> Direct-bolted or welded Anchor assemblies (select all that apply): <input type="checkbox"/> Earth (ground) anchors <input type="checkbox"/> Rock (ground) anchors <input type="checkbox"/> Concrete anchors <input type="checkbox"/> Stabilizer plates Comments: _____		

Building Specifications (pre-loss valuation) Select to view/hide additional information/instructions

New/replacement unit details	Used/existing unit details
Provide details and the retail value of a new factory-built manufactured home (identical unit damaged by the flood or another manufacturer's unit of similar style, size and qualify, if the flood-damaged unit is no longer manufactured). Attach the valuation/appraisal report to this worksheet.	Provide details and the depreciated retail value (used value) of the flood-damaged manufactured home (used/depreciated replacement cost value prior to the flood). Attach the valuation/appraisal report to this worksheet. <input type="checkbox"/> Select for information regarding transportation and installation costs
Manufacturer & model: _____	Manufacturer & model: _____
Unit configuration: _____ Year built: _____	Unit configuration: _____ Year built: _____
Gross dimensions (w x l): _____ x _____ Gross area: _____	No. of bedrooms: _____ Gross area of fully-assembled unit: _____
Select source of new manufactured home values <input type="checkbox"/> Show options below	Select source of used manufactured home values <input type="checkbox"/> Show options below

Pre-loss Valuation Table (select "appraised values" if values are extracted from valuation/appraisal report or "calculated values" if values are calculated from Building Property Worksheet)	New/ replacement cost values (RCV)	Depreciation	Used/ depreciated replacement cost values (ACV)
Base structure values of factory unit	appraised values	\$	\$
Add factory component upgrades/deduct missing components	appraised values	\$	\$
Adjusted values of factory unit		\$	\$
Add add-ons & others costs	appraised values	\$	\$
Total pre-loss values of building		\$	\$

Building Repair Estimate (post-loss) Select to view/hide additional information/instructions

Select method of estimating building repairs: Amounts input from repair estimate Manual calculation (using Building Property Worksheet)

Building coverage limit:
\$ _____

Coverage-to-value calculation:
_____ %

Post-loss Repair Estimate Table	Totals
Replacement Cost Value (RCV) of loss	\$
Less depreciation	\$
Actual Cash Value (ACV) of loss	\$

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
086-0-7	Building Property Worksheet	3.00 Hours
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