

**Disaster Case Management Duplication of Benefits Summary**

CLIENT NAME:

Date Duplication of Benefits Summary Completed:

Source of award or settlement	Amount received
Homeowner's insurance - renter's insurance (circle)	
FEMA: replacement housing	
FEMA: rental assistance-initial & appeal	
FEMA: Real property-initial & appeal	
FEMA: Personal Property-initial & appeal	
FEMA: Housing assistance-initial & appeal	
FEMA: Home Repair-initial & appeal	
FEMA ONA:	
SBA Loan:	
Iowans Helping Iowans Unmet Needs Assistance	
Iowans Helping Iowans Housing Assistance	
Iowans Helping Iowans Business Assistance	
Red Cross:	
Salvation Army:	
Other:	
Other:	
total	\$ -

Itemized description (list receipts below) of how award(s) \$\$ were spent	Amount Spent
\$ -	\$ -

