



Iowa Individual Disaster Assistance Grant Program (IIAGP) Application

INSTRUCTIONS FOR COMPLETION OF THE IIAGP APPLICATION

The IIAGP offers grants to families whose household's annual income is at 200% or less of the federal poverty level. Each qualifying household *may* receive up to \$5,000.00.

Eligible households must meet all of the following:

- Annual household income is at or less than 200% of the Federal Poverty Level

NOTE: Household annual income must be 200% or less of the federal poverty level for a household of that size.

2024 National Poverty Guidelines

Family Size	1	2	3	4	5	6	7	8
200% of Federal Poverty Level (annual income)	\$30,120	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440

- Household members are citizens or legally residing in the United States
- The household's primary and occupied residence is in the county indicated in the disaster activation
- The household has disaster related needs not fully covered by insurance and not met by another assistance program

After submitting this application, please be prepared to supply the following documentation when requested:

- Photo Identification
- Proof of legal residency in the United States (License, birth certificate, passport, Green Card, social security card, etc.)
- Proof of income (pay stubs, W-2, tax return, social security letter, etc.)
- Insurance documentation (if applicable)
- Copy of lease (if renting)



- Photos of damage (if applicable)
- Receipts (if requesting reimbursement for a disaster-related expense)
 - If requesting assistance with vehicle repair, proof of registration and liability insurance
- Third party verification of damages may be requested

Loss Information:

Each eligible household **may** receive up to \$5,000 for items that qualify under one of the four categories listed below. If requesting reimbursement, receipts must be in applicant's name.

- 1) Temporary Housing – Household **may** receive up to \$5,000 for qualifying lodging at a licensed establishment such as a hotel or motel, if the household's home is destroyed, uninhabitable, inaccessible, or unavailable to the household. Receipts **MUST** be in applicant's name.
- 2) Food Assistance – Replacement of spoiled or destroyed food.
- 3) Personal Property – Some examples are: kitchen items, personal hygiene, clothing, bedroom furnishings, etc.
- 4) Home Repair – Some examples are: repair of structural components, repair of floors, walls, ceilings, doors, windows, and carpeting. Assistance will be denied for the following: preexisting conditions are the cause of the damage; landlord owned property; and if the title of the property is not in the applicant's name.

Submitting Application:

Applications should be submitted to your local Community Action Agency by mail or in-person, or they may be submitted electronically through the Iowa Department of Homeland Security and Emergency Management website at homelandsecurity.iowa.gov/assistance. Contact your local Community Action Agency for other methods to apply if needed. Find your agency at www.iowacommunityaction.org/find-an-agency. Someone from your local Community Action Agency will be in contact with you to review your application. Be prepared to provide requested documentation.

For questions email IndividualDisasterAssistance@iowa.gov.



IOWA INDIVIDUAL ASSISTANCE GRANT PROGRAM (IIAGP) APPLICATION

1. Applicant Information (personal information)

a. First and Last Name	
b. Phone Number	c. Mobile Number
d. Email Address	
e. Address Affected by Disaster	
f. County	g. City, State, Zip Code
h. Current Address if Different from Above	
i. County	j. City, State, Zip Code
k. Insurance Company Name	Insurance Company Phone Number
l. Alternate Contact Information (name and phone number)	
m. Total number of Adults in Household	Total Number of Children in Household
n. Total Annual Household Income	

NOTE: Household annual income must be 200% or less of the federal poverty level for a household of that size.

2024 National Poverty Guidelines

Family Size	1	2	3	4	5	6	7	8
200% of Federal Poverty Level (annual income)	\$30,120	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440



2. Loss Information

Temporary Housing – Household may receive up to \$5,000 for qualifying lodging at a licensed establishment such as a hotel or motel, if the household’s home is destroyed, uninhabitable, inaccessible, or unavailable to the household. Receipts must be in applicant’s name.

Food Assistance – Replacement of spoiled or destroyed food.

Personal Property – Some examples are: kitchen items, personal hygiene, clothing, bedroom furnishings, etc.

Home Repair – Some examples are: repair of structural components, repair of floors, walls, ceilings, doors, windows, and carpeting. Assistance will be denied for the following: preexisting conditions are the cause of the damage; landlord owned property; and if the title of the property is not in the applicant’s name.

Date of Disaster	Disaster type <input type="checkbox"/> Tornado <input type="checkbox"/> Flood <input type="checkbox"/> Other:	
Temporary Housing: \$	Food Assistance: \$	<input type="checkbox"/> Request Reimbursement (be prepared to provide receipts) <input type="checkbox"/> Request Direct Payment to Contractor or Third Party Vendor
Personal Property: \$	Home Repair: \$	
Total Requested: \$	Note: The title of the property must be in the name of the applicant.	

3. Brief Description of Damage Caused by the Disaster and List Damaged Items



4. Attestation

I attest that persons receiving assistance in the household are legal residents of the United States.

I attest that the information provided on this form is true and accurate. I am providing this information to the Iowa Department of Homeland Security and Emergency Management ("Department") for expenses under the Iowa Individual Assistance Disaster Grant Program ("Program"). I authorize the Department to release this information to other aid organizations and person for purposes of administering the Program. I understand that if I am not eligible for the benefits under the Program, if I have insurance that covers losses claimed, or if I have received assistance from other programs for the same claimed items, I hereby agree to repay to the Department any funds acquired through the Program within 60 days.

5. Reconsiderations

You, or the person helping you, may request reconsideration if you do not agree with any action taken on your application.

Your request for reconsideration must be completed within 30 days from the date on the denial letter.

You may submit your written request for reconsideration by submitting a detailed request to:

Iowa Department of Homeland Security and Emergency Management
7900 Hickman Road
Suite 500
Windsor Heights, IA 50324

Or via email to IndividualDisasterAssistance@iowa.gov

If you need assistance filing a request for reconsideration, ask your disaster case advocate.

6. Discrimination

It is the policy of the Iowa Department of Homeland Security and Emergency Management to provide equal treatment in employment and provision of services to applicants, employees, and



clients without regard to race, color, national origin, sex, religion, age, disability or veteran status; hereafter referred to as protected category.

If you feel the Iowa Department of Homeland Security and Emergency Management has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Homeland Security and Emergency Management
7900 Hickman Road
Suite 500
Windsor Heights, IA 50324

Or via email to IndividualDisasterAssistance@iowa.gov

The Iowa Department of Homeland Security and Emergency Management is an equal opportunity provider. Policies are available at <https://homelandsecurity.iowa.gov/policies>.

Applicant Signature	Date
---------------------	------

Please submit all application materials to your local Community Action Agency. Find your agency at www.iowacomunityaction.org/find-an-agency. Someone from your local Community Action Agency will be in contact with you to review your application. Be prepared to provide requested documentation.