

IOWA DEPARTMENT OF CULTURAL AFFAIRS  
STATE HISTORIC PRESERVATION OFFICE  
**Historic Preservation and Cultural and Entertainment District Tax Credit Program**

**Disaster Recovery Fund  
Physical Impact Certification**

In lieu of FEMA, SBA, or insurance claim/lender documentation, this form must be completed, signed, and attached to an application for projects requesting state historic tax credits in the Disaster Recovery Fund. The applicant must complete and sign Section I, below, and take the form to a local government official for signature. The local government official must complete Section II, below, and sign the form in order to verify physical impact to the property by the declared disaster. The local government official may be any municipal or county employee with signature authority for the local government or a County Emergency Management Coordinator.

**I. Property Information:**

**Historic Name of Property:** \_\_\_\_\_  
**Street address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**County:** \_\_\_\_\_

**Description of Damage:**

Please include a brief description of the type, date, and severity of damage (e.g., "A tree limb severed by straight-line winds on the evening of June 8, 2008 punctured the roof, windows, and walls of the home." or "Storm sewer waters flooded the building's basement on the night of June 15, 2008, destroying the HVAC system and all material finishes in the conference rooms located in the flooded area.").

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The applicant certifies the above-named property was physically impacted by the declared disaster or associated aftermath in the above-described manner:

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Local Government Verification of Physical Impact:**

I verify the above-named property is located within a disaster area declared by:

- The Governor of the State of Iowa                       The President of the United States

This location was declared a disaster area on: \_\_\_\_\_

Furthermore, I verify to the best of my knowledge the above-named property was physically impacted in the manner described above.

I serve as (check one):

- County Official; Title: \_\_\_\_\_  
 City Official; Title: \_\_\_\_\_  
 County Emergency Management Coordinator

Local government signature: \_\_\_\_\_ Date: \_\_\_\_\_