



**CONFIDENTIAL**

**Big Sur Storm and Fire Relief Fund 2017**

**Renters & Caretakers - Damage/Loss Survey**

**Caretaker  
Renter  
Name (s):**

**Property Owner  
Name & Contact  
Info:  
Damaged Home  
Address:**

**Renter  
Caretaker Mailing  
Address:**

**Email Address:  
Phone/Cell:**

All the information provided in this form is confidential and is only for the use of CPOA to help us determine how to best direct financial and other resources as part of the storm and fire relief effort. Thank you for taking the time to complete this.

**Renters & Caretakers** - please complete the following questionnaire:

1. What are your most immediate pressing needs that either CPOA or others could help you with?
2. Do you need financial and/or resource assistance immediately? If so, please provide detail.
3. Do you or your landlord have renter's insurance? \_\_\_\_\_  
If yes, what is the type of and amount of coverage? \_\_\_\_\_



Does this include living expenses? \_\_\_\_\_

4. Do you need temporary or long-term housing assistance? \_\_\_\_\_  
Please provide details regarding your housing needs.
  
5. Was your rental used to conduct a home business?
  
6. Are you unemployed because of the storm or fire?
  
7. Do you have any recommendations w.r.t. how CPOA can best help the Big Sur community?

Please e-mail this form to CPOA at: [cpoa.storm.fire.fund@gmail.com](mailto:cpoa.storm.fire.fund@gmail.com)

Or Mail to: CPOA, POB 59, Big Sur, CA 93920