INTERNATIONAL TERRORISM VICTIM EXPENSE REIMBURSEMENT PROGRAM

AFFIDAVIT FOR PROPERTY LOSS

I, _____hereby attest, under penalty of perjury, that the
(insert your name)

information contained in this affidavit is true and correct to the best of my knowledge and belief.

1. The information below presents an accurate description of property that I owned and lost at the time of the terrorist incident.
2. I am requesting reimbursement for the items described below through ITVERP.
3. I have provided a detailed description for each item and its estimated cost at the time of purchase.
4. I have included a description of the records that I have attached to the application as supporting documentation where I do not have copies of receipts.
5. I have provided an explanation for why no additional supporting documentation is available.
6. I confirm and attest that the items I have submitted to ITVERP for reimbursement were lost or destroyed as a direct result of the terrorist incident. These property loss items represent an immediate, out-of-pocket expense to me, the undersigned.
7. I hereby confirm and attest that at the time of the incident when these items were lost or destroyed,

Please select one of the following two options.

☐ I did <u>not</u> have homeowners, renters, or travelers insurance, or any other form of coverage that could be responsible for the replacement costs for these items.

☐ I did have homeowners, renters, or travelers insurance, or another form of coverage that could be responsible for the replacement costs for these items at the time of the incident and have attached the documentation.

_____ _____
(Insert name of insurance carrier) *(Insert policy number)*

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Please use the chart below to document your lost or destroyed property.

Item Name and Description	**Out of Pocket Cost** *(at the time of purchase)*	**Description of Available Documentation**
Describe the item, including any brand name, make or model numbers if available.	Provide verification of replacement cost through price estimates from vendor.	These could include documentation of the current value to replace, copies of original receipts, copies of bank statements or credit card statements showing purchase of item, receipts or copies of receipts for purchase of replacement item. If none available, please note here with an explanation why this is not available.

_____

Claimant's Name Printed

_____

Claimant's Signature *Date*