



Register Communities Emergency Personnel Education & Training News Media Regions

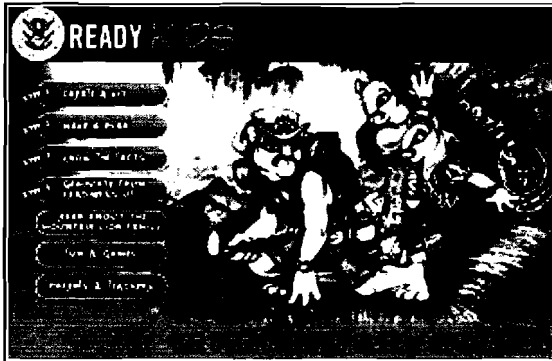
Disaster Assistance Flood Maps NPSC Preparedness Disaster Fact Sheets Declared Disasters

Search FEMA

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DHS Launches Ready Kids Program

The U.S. Department of Homeland Security and The Advertising Council today launched Ready Kids, a family-friendly tool to help parents and teachers educate children, ages 8-12, about emergencies and how they can help their families better prepare. The Ready Kids Web site at www.ready.gov features fun games and puzzles as well step-by-step instructions on what families can do to better prepare for emergencies and the role kids can play in that effort. [Read More]

More Information

www.ready.gov

Register for

- Locate or List Rental Properties
- Guide to disaster assistance
- Apply online (Online Individual Assistance Center)
- Apply by phone
 - Call 1-800-621-FEMA (3362)
 - Call 1-800-462-7585 (TTY)
- Katrina and Rita "Declaration of Funds Use"

SPOTLIGHT

- 9/11 Heroes Stamp Assistance Program
- Hurricane Katrina Information
- Katrina Recovery Maps
- 2005 Hurricane Recovery Information
- 2006 Federally Declared Disasters
- Are You Ready? Guide
- National Response Plan
- Frequently Asked Questions

STORM WATCH & CURRENT WEATHER

- NWS Warnings and Alerts
- Winter Storm Watch



IN THE NEWS - PRESS ROOM

- Short-Term Lodging Ends; Longer Term Housing Continues



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- Career Opportunities

Apply for Assistance Online

Completing more than one registration WILL slow the processing of your case. Unsure if you were successfully registered?

Before you apply

Step 1

Register Online

Fill out the online application

1. Enter your personal information into the system
2. Follow the steps in the process
3. Create an account to save your application

Need Help?

- [Frequently Asked Questions](#)

Step 2

Wait 24 Hours..

After 24 hours you will be able to check the status of your application.

Please Note:

If you do not wait 24 hours you may not see your registration. This does not mean you are not registered. It may simply mean that your registration has not been processed yet. Please do not re-register. Registering more than once will result in a delay of your application.

Step 3

Check the Status of your Application

1. Use your pin and password to log in
2. Review your claim online
3. If you do not see your claim **AND** it has been more than 24 hours since you received your pin and password, please call 1-800-621-FEMA (3362).

Need Help?

- [Frequently Asked Questions](#)

Individual Assistance Center

Manage Your Application

If you have been affected by a disaster you may be eligible for federal assistance. Please select one of two options below: Register for Assistance or Review your Application. For disaster assistance information you may want to read the Applicant Guide, view information about Federally Declared Disasters by Calendar Year, or review support from other available Agencies.

I want to...	I prefer the Internet	I prefer the telephone
Request Disaster Help	Register for Assistance	Call 1-800-621-FEMA (3362) The speech or hearing impaired may call (TTY) 1-800-462-7585
Review my Request for Disaster Help	Review your Application	Call 1-800-621-FEMA (3362) The speech or hearing impaired may call (TTY) 1-800-462-7585

If you have technical problems using this application, or would like to send FEMA written correspondence concerning your registration, please use the Contact Us link below.

Individual Assistance Center

If you have been affected by a disaster, you may be eligible for federal assistance. Review the instructions below to ensure you are ready to complete the application process.

If you are applying for multiple disasters, you will need to complete an Online registration for each disaster.

If you are filing for both home and business disaster assistance, you will complete a single registration for the combined losses.

The application process will take 18 - 20 minutes and is authorized by the Office of Management and Budget under Control number 1660-0002.

For technical problems with this site, please contact FEMA's Technical Helpdesk at 1-800-745-0243 or (TTY) 1-800-462-7585 for the speech and hearing impaired.

You will need the following information to complete the registration:

Social Security Number

You will be asked to provide your social security number; if you are registering for a business, your tax ID number should be provided. If you do not have a social security number, your household may still be able to receive assistance if there is a minor child in the household who is a U.S. Citizen, Non-Citizen National, or Qualified Alien with a social security number.

Insurance information

You will be asked to identify the type(s) of insurance coverage you have.

Financial information

You will be asked to enter your family's gross total household income at the time of the disaster.

Contact information

Along with the address and phone number where the damages occurred, you will be asked for information on how FEMA can contact you. It is very important that you provide FEMA with your current mailing address and phone numbers where you can be contacted.

Electronic Funds Transfer (EFT)/Direct Deposit Information (optional)

If you are determined to be eligible for assistance and would prefer that funds be transferred to your account, you will be asked for your banking information, which includes; the institution name, type of account, routing and account number.

Instructions

- Instructions
- Privacy Act

Registration Instructions

Application Progress



OMB No. 1660-0002, Exp. 2-28-2007

The application process will take approximately 18 - 20 minutes. An asterisk (*) identifies required fields which you must answer to complete the registration.

PAPERWORK BURDEN DISCLOSURE NOTICE FEMA Form 90-69

Public reporting burden for this form is estimated to average 18 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. you are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0002). NOTE: Do not send your completed form to this address.

You will be presented with a series of screens. Each screen has important information and/or a set of related questions. For help on any field click the Help for this page. This will provide helpful information about how to answer each question as you progress through the application.

Read the information carefully and answer the questions on the screen. When you have read the information and answered all of the required questions, select the "Next" button at the bottom of the page to continue the registration process.

As you progress through the registration process, the tabs at the top of the screen change. You can review any of the information you previously submitted by selecting the appropriate tab.

You can cancel your application at any time by selecting "Delete this Registration".

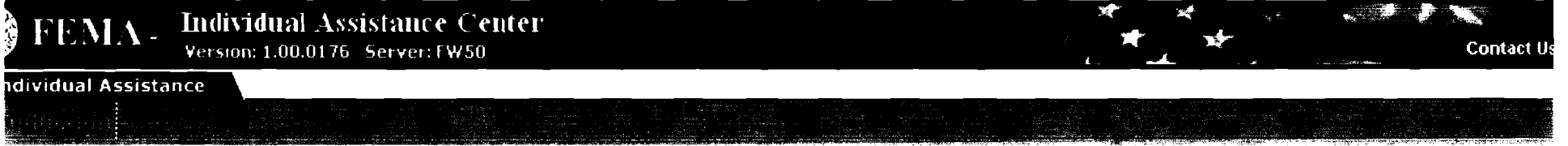
At this time this application is not available online in Spanish. Individuals who would like to apply for assistance in Spanish should call 1-800-621-FEMA (3362). Applicants may click on the following links to download a copy of the paper application to understand the type of information that is required to apply and a copy of the privacy act form in Spanish.

En este momento, esta solicitud no está disponible por el internet en español. Sugerimos que individuos que quisieran solicitar ayuda de desastre en español deben llamar a 1-800-621-3362 para registrarse u oprima esta conexión para obtener una solicitud del internet que pueda llenar a mano y una copia del Acta de Privacidad. También se explica la información necesaria para solicitar ayuda de desastre.

This application is best viewed in full screen mode.

Delete This Registration

Next



Instructions
Privacy Act

Important Privacy Information

Application Progress
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FEMA is required by law to provide you with a copy of the Privacy Act.

The information you give to FEMA will be used to refer you to disaster assistance programs. It may be shared with your bank, insurance company, or other assistance providers to ensure there is no duplication of benefits. It may also be shared with state and local governmental agencies to help reduce future disaster losses.

Failure to provide this information will result in a delay or a rejection of your request. You authorize FEMA and the state to verify the information that is entered.

If you knowingly make false statements to obtain disaster aid, it is a violation of Federal and state laws that carry penalties including severe fines or imprisonment up to 5 years, or both.

By continuing with the registration process you agree to the statements provided in the Privacy Act above.

I accept the Privacy Act

Back

Delete This Registration

Next



Registration



Personal Identification

Application Progress



Help for this page

To register for disaster assistance, please provide the following information.

* Prefix: [dropdown]

* First Name: [input field]

MI: [input field]

* Last Name: [input field]

* SSN: [input field] - [input field] - [input field]

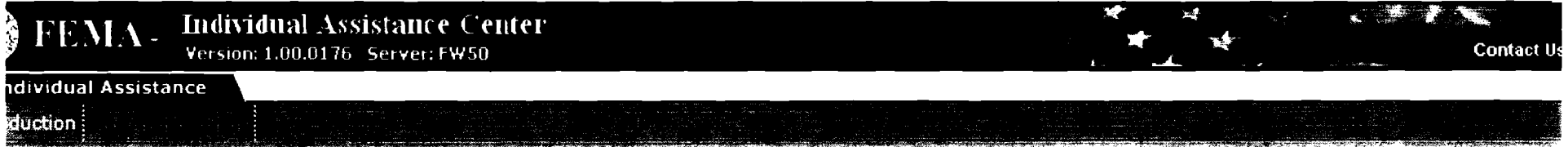
Email Address: [input field]

* Date of Birth MM/DD/YYYY: [input field]

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Delete This Registration

Next



Identification



Contact Phone Numbers

Application Progress (Progress indicator with 10 circles)

- Personal Information
Phone Numbers
Address
Identification

Help for this page

Please provide the phone number used in the damaged dwelling whether it is working or not and current/alternate phone number(s) in case we need to call regarding your registration for disaster assistance.

Form with columns: Area Code, Phone Number, Ext., Note. Rows for Damaged Phone, Current Phone, Cell Phone, Alternate Phone.

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Delete This Registration

Next

Notification

Personal
Phone Numbers
Address
E-mail



Damaged Dwelling Address

Application Progress
●●●●●●●●●●●●●●●●●●

Help for this page
Please provide the address where the damages occurred.

* Street Address:

* City:

* State: * Zip : Zip+4 :

Mailing Address - We will send all correspondence to this address

My Mailing Address is the same as Damaged Address - If selected please do not provide mailing address

In Care Of:

* Street Address:

* City:

* State: * Zip : Zip+4 :

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Delete This Registration

Next

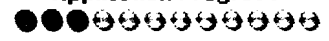
Registration

Personal
Phone Numbers
Address
County/Parish



Damaged Dwelling County/Parish

Application Progress



Help for this page

Where did the damage occur?

* In what county/parish did the damage occur? DENTON

Back

Delete This Registration

Next



Disaster Selection

Application Progress



Help for this page

* In the following list, select the disaster that has affected you. If you do not see a choice that describes your situation, select "None of the disasters above match my situation".

Select	Description of Disaster	Incident Period	Disaster Number
<input type="radio"/>	EXTREME WILDFIRE THREAT	12/01/2005 - Present Time	1624
<input type="radio"/>	HURRICANE RITA	09/23/2005 - 10/14/2005	1606
<input type="radio"/>	None of the disasters above match my situation		

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Delete This Registration

Next

Damage Type

Application Progress
●●●●●●●●●●●●●●●●

Help for this page

*What type of damage occurred? Check all that apply.

Fire

If you do not see the type of damage that occurred to your home above, please select Damage not listed.

Damage not listed

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Delete This Registration

Next

FEMA - Individual Assistance Center

Version: 1.00.0176 Server: FW50 [Contact Us](#)

Individual Assistance
[Introduction](#) | [Identification](#) | [Disaster](#)

- Disaster Related Losses
- Application Progress
- Registration
- Disaster Insurance
- Disaster Assistance
- Disaster Damage
- Disaster Purchases
- Disaster Emergency Needs

Disaster Related Losses

Application Progress

Help for this page

How were you affected by the disaster?

- * Was your home damaged by the disaster? YES NO UNKNOWN
- * Was any of your personal property not including vehicles damaged by the disaster? YES NO UNKNOWN
- * Have you been without your essential utilities for 5 consecutive days or more? YES NO

[Back](#)

[Delete This Registration](#)

[Next](#)

- ases
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- elling
- Home Insurance**
- rented
- on be through
- of Disasters
- ergency Needs

Home Insurance

Application Progress
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Help for this page

* Please identify the insurance policies you have for your home and/or personal property. Check all that apply.

Select	Type of Insurance	Insurance Company Name
<input type="checkbox"/>	Contents Only Insurance	<input type="text"/>
<input type="checkbox"/>	Homeowners Insurance	<input type="text"/>
<input type="checkbox"/>	I have no insurance for my home or personal property.	

Back

Delete This Registration

Next

- Insurance
- Home Insurance
- Expenses
- Write Damages
- Apply for Assistance
- Emergency Needs

Disaster Related Expenses

Help for this page

Have you incurred uninsured or under-insured expenses as a result of the disaster?

- * Do you have **MEDICAL** expenses (including medications) as a result of the disaster?
- * Do you have **DENTAL** expenses as a result of the disaster?
- * Do you have **FUNERAL** expenses as a result of the disaster?
- * Do you have **MOVING AND STORAGE** expenses as a result of the disaster?

Application Progress



- YES NO
- YES NO
- YES NO
- YES NO

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[Delete This Registration](#)

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- elling
- me insurance
- enses
- hicle Damages
- to: Payment
- ergency fund



Disaster Related Vehicle Damage

Application Progress
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Help for this page

* Do you, your spouse, or one of your dependents own a vehicle that was damaged by the disaster? YES NO

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Delete This Registration

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ergency Needs

Vehicles

Application Progress

Help for this page

Earlier you told us you had damage to a vehicle. Click "ADD" to enter vehicle information. Please list all vehicles owned by you, your spouse, or dependents.

Add

Edit Year Make Model Damaged Drivable Comprehensive Insurance Liability Insurance Registered Delete

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Delete This Registration

Next

FEMA - Individual Assistance Center

Version: 1.00.0176 Server: FW50

Contact Us

Individual Assistance

Registration Identification Disaster

- Registration
- Identification
- Disaster
- Vehicle Damages
- Vehicle Damages
- Vehicle Damages
- Vehicle Damages
- Vehicle Damages
- Vehicle Damages
- Vehicle Damages



Update Vehicle

Application Progress



Help for this page

Enter information about each vehicle in the household separately.

* Year	* Make	* Model
<input type="text"/>	<input type="text"/>	<input type="text"/>

- * Was this vehicle damaged by the disaster?
- * Is this vehicle currently drivable?
- * Is this vehicle covered by comprehensive insurance?
- * Is this vehicle covered by liability insurance?
- * Is this vehicle currently registered?

Back

Delete This Registration

Save

- Assessments
- Disaster
- Disaster Identification
- Disaster Insurance
- Disaster Needs
- Disaster Registration
- Disaster Repairs
- Disaster Services
- Disaster Supplies
- Disaster Transportation
- Disaster Travel
- Disaster Vehicle
- Disaster Vehicle Registration
- Disaster Vehicle Repairs
- Disaster Vehicle Services
- Disaster Vehicle Supplies
- Disaster Vehicle Transportation
- Disaster Vehicle Travel
- Disaster Vehicle Registration
- Disaster Vehicle Repairs
- Disaster Vehicle Services
- Disaster Vehicle Supplies
- Disaster Vehicle Transportation
- Disaster Vehicle Travel

Vehicles

Application Progress

Help for this page

Earlier you told us you had damage to a vehicle. Click "ADD" to enter vehicle information. Please list all vehicles owned by you, your spouse, or dependents.

Add

Edit	Year	Make	Model	Damaged	Drivable	Comprehensive Insurance	Liability Insurance	Registered	Delete
edit	1956	MG	TD	Yes	No	No	Yes	Yes	delete

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Delete This Registration

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- hicle Damages
- hicles
- sc Purchases
- ergency Needs

Miscellaneous Purchases

Application Progress
●●●●●●●●●●

Help for this page

* Did you incur any uninsured miscellaneous expenses, such as the purchase of a wet/dry vacuum, chainsaw, or dehumidifier for clean-up or other recovery efforts?

YES NO

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Delete This Registration

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- ergency Needs

Emergency Needs

Application Progress

Help for this page

Do you have any disaster related emergency needs for food, clothing, or shelter? If yes, please indicate which needs you have below. Please note: **Reimbursement for stored food is not an eligible item.**

- I have a disaster related emergency need for food.
- I have a disaster related emergency need for shelter.
- I have a disaster related emergency need for clothing

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- icles
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- ergency Needs
- ocial Needs



Special Needs

Application Progress ●●●●●●●●●●○○○○

Help for this page

Did you your spouse, or any dependents have help or support doing things walking, seeing, hearing, or taking care of yourself before the disaster and have lost that help or support because of the disaster? Yes No

Mobility (Select all that apply)

- Wheelchair
- Walker
- Cane
- Lift
- Bath Chair
- Personal Care Attendant

Other Special Needs (Select all that apply)

- Hearing or speech, such as: hearing aid, sign language interpreter, TDD/TTV, text messaging and/or other accessible communication device.
- Cognitive/Mental Health, such as: Personal care attendant, etc.
- Vision, such as: Glasses, white cane, service animal, Braille, or other accessible communication device, magnifier.
- Other Special Need:

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Next

Occupants
• Occupants

 **Occupants**

Application Progress
●●●●●●●●●●

Help for this page

Please list all persons living in your home by selecting the "Add" button below. Each person will have to be added separately.

Add

Edt	Last Name	First Name	MI	Relationship	SSH	Age	Delete
-----	-----------	------------	----	--------------	-----	-----	--------

Back

Delete This Registration

Next

Occupants
Occupants



Update Occupant

Application Progress

Help for this page

Enter household occupant information below.

* What is this person's last name?

* What is this person's first name?

What is this person's middle initial?

* What is the relationship you have with this person?

What is this person's Social Security Number?

 - -

What is this person's age?

Cancel

Delete This Registration

Save

Initial
Business Damages
Personal Information

Business Damages

Application Progress

Help for this page

- * Did you or a member of your household lose pay or become unemployed as a result of the disaster? YES NO
- * Is the household's primary source of income from self-employment? YES NO
- * Do you own or represent a business or rental property that was affected by the disaster? YES NO

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Initial
Business Damages
Financial Information
Income Verification

Financial Information

Application Progress
●●●●●●●●●●●●●●●●●●●●

 Help for this page

Please provide your household income information and/or your choice for electronic funds transfer.

You are not required to provide FEMA with information regarding your income, as it has no effect on your eligibility for Temporary Housing Assistance. However, providing us with this information will help to expedite any other assistance you might be eligible for, such as funds to replace damaged personal property.

* How many dependents do you have?

* What is the pre-disaster gross income for all dependents in the household? Please enter whole dollars only, no dollar sign, no commas, and no decimal point.

* Income Unavailable/Refused

* If you are found to be eligible for FEMA assistance, would you like FEMA to electronically transfer funds to your bank account?
There is no charge for this service.

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Delete This Registration

Next

- Business Damages
- Financial Information
- Income Verification

Electronic Funds Transfer

Application Progress

Help for this page

You told us previously that you would like to participate in electronic funds transfer. The name on this registration must be the same as on the bank/savings account identified. Do Not enter anyone else's account information. This service is not available for Business Only applicants. Please provide the following information:

Susan B Sample 9678
 2344 Lois Lane
 Anytown, FL 32123-4567

Account Number

Routing Number

01 2345678901 2345678901 2345678

Routing Number Account Number

- * What is the name of your bank or financial institution?
- * What type of account is this?
- * What is the 9 digit routing number for this account?
- * What is the account number?

Back


Delete This Registration

Next

- Business Damages
- Financial Information
- Income Verification**

Income Verification

Application Progress
●●●●●●●●●●●●●●●●

 Help for this page

You previously told us your household income was 100000 dollars. You must add social security, unemployment, pensions, disability, welfare, child support, stocks, interest, and/or annuities when determining your annual income. Failure to disclose your total income could result in fines and/or imprisonment. You may adjust your income below at this time to meet the guidelines. **If this is your correct annual household income click the box below to certify.**

***What is the pre-disaster gross income for all dependents in the household? Please enter whole dollars only, no dollar sign, no commas, and no decimal point.**

* I certify this is my total annual income

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Delete This Registration

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