

REC. #	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY APPLICATION/REGISTRATION FOR DISASTER ASSISTANCE	O.M.B. No. 1660-0002 Exp. February 28, 2007 (see reverse side)	DR#	Loss Date										
APP. DATE														
1. Name of Applicant (last, first, MI)		2. Language	3. Date of Birth	4. Applicant Social Security No.	5. Email:									
6. Damaged Phone #:		7. Current Phone #:	Alternate/Cell Phone #:		Note:									
8. Damaged Property Address	Street	Apt/Lot	City	State	Zip	County								
9. Mailing Address	Street	Apt/Lot	City	State	Zip									
<input type="checkbox"/> Same as Damaged Address 10. Cause of Damage: <input type="checkbox"/> Flood <input type="checkbox"/> Sewer Backup <input type="checkbox"/> Seepage <input type="checkbox"/> Earthquake <input type="checkbox"/> Fire <input type="checkbox"/> Ice/Snow <input type="checkbox"/> Hail/Rain/Wind Driven Rain <input type="checkbox"/> Tornado/Wind <input type="checkbox"/> Power Surge/Lightening <input type="checkbox"/> Other	11. Home Damage: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	12. Personal Property Damage <input type="checkbox"/> YES <input type="checkbox"/> NO	13. Utilities Out <input type="checkbox"/> YES <input type="checkbox"/> NO											
14. Current Location: <input type="checkbox"/> Primary Home <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Family/Friends <input type="checkbox"/> Mass Shelter <input type="checkbox"/> Other	15. Residence Type: <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Mobile Home <input type="checkbox"/> Home-Single/Duplex <input type="checkbox"/> Apt. <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Boat <input type="checkbox"/> Other	16. Primary Residence: <input type="checkbox"/> YES <input type="checkbox"/> NO	17. Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent	18. Is your home accessible <input type="checkbox"/> YES <input type="checkbox"/> No, due to mandatory evacuation <input type="checkbox"/> No, due to disaster										
19. Home/Personal Property Insurance:	Insurance Type	Insurance Company Name	20. Disaster Related Expenses (for uninsured or underinsured expenses)											
			Expense Type	YES	NO	IF YES and have insurance: Insurance Company Name								
			Medical											
			Dental											
			Funeral											
<input type="checkbox"/> I have no insurance for my home or personal property														
21. Vehicle Damage due to Disaster:														
Vehicle Information			Damaged?		Drivable?		Comprehensive Insurance?		Liability Insurance?		Insurance Company Name		Registered?	
Year	Make	Model	YES	NO	YES	NO	YES	NO	YES	NO			YES	NO
22. Other Expenses: <input type="checkbox"/> Chainsaw <input type="checkbox"/> Wet/Dry Vac <input type="checkbox"/> Generator <input type="checkbox"/> Dehumidifier <input type="checkbox"/> Air Purifier							23. Emergency Needs: <input type="checkbox"/> Food <input type="checkbox"/> Shelter <input type="checkbox"/> Clothing							
24. Special Needs: Did you, your spouse, or any dependents have help or support doing things like walking, seeing, hearing, or taking care of yourself before the disaster and have you lost that help or support because of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No														
If Yes: (Select all that apply) Mobility, such as: <input type="checkbox"/> wheelchair, <input type="checkbox"/> walker, <input type="checkbox"/> cane, <input type="checkbox"/> lift, <input type="checkbox"/> bath chair, <input type="checkbox"/> personal care attendant, etc														
(Select all that apply)														
<input type="checkbox"/> Cognitive/Mental Health, such as: Personal care attendant, etc														
<input type="checkbox"/> Hearing or speech, such as: hearing aid, sign language interpreter, TDD/TTY, text messaging and/or other accessible communication device <input type="checkbox"/> Other _____														
<input type="checkbox"/> Vision, such as: Glasses, white cane, service animal, Braille, or other accessible communication device, magnifier														
25. Occupants living in primary residence at time of disaster:														
Last Name	First Name	MI	Relationship	Social Security No. (Applicant First please)				Age	Dependent?	YES	NO			
26. BUSINESS DAMAGES:														
Self Employment is primary income?	YES		NO		Own/Represent a business or rental property affected by disaster?	YES		NO						
27. Number of claimed dependents _____						29. Electronic Funds Transfer: <input type="checkbox"/> YES <input type="checkbox"/> NO								
28. Combined family pre-disaster gross income \$ _____						Institution Name: _____								
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Income Refused						Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing No. _____ (9 digits)								
						Account No. _____								
30. Comments														
31. FEMA Representative: _____														

Application/Registration for Disaster Assistance Instructions

1. Enter the last name, first name, and middle initial of the applicant. Jr., Sr., etc. follow the last name.
2. Enter the language that the applicant speaks. If the applicant speaks English, leave blank.
3. Enter the date of birth of the applicant.
4. Enter the applicant's social security number (SSN). If the applicant does not provide a SSN, processing of the applicant may be delayed.
5. Enter email address (if available).
6. Do NOT include a beeper/pager number in any of the phone number fields. Damaged Phone number: Enter the phone number used in the applicant's home at the time of the disaster even if the number is currently working.
7. Current Phone No.: Enter the current phone number where the applicant can be reached. Alternate/Cell Phone No.: Enter a work phone number or the phone number of a friend, relative, or neighbor that FEMA can use to leave a message for the applicant. Note: Include extension number (if available).
8. Enter the full physical street address at which the damage occurred. Do not enter a P.O. or general delivery address.
9. Enter the applicant's mailing address. It may or may not be the same as the Damaged Property Address or where the applicant is now living. The Mailing Address may be a post office or general delivery address. If it is the same as the damaged property address...check the box for the same.
10. Check Cause of Damage (more than one cause may be checked). Other causes of damage may include explosion, drought, and riot. If more than the home was damaged (e.g., auto was flooded), please describe in the Comments section in item no. 30.
11. If the applicant has damage to the home (e.g., electrical, heating, floors, walls, ceilings, and foundation), check Yes. If home damage is unknown....check Unknown.
12. If the applicant had Personal Property Damage (e.g., appliances, clothing, and/or furniture), check Yes.
13. If the applicant's utilities are not working (out), check "Yes". Utilities may include sewer, water, gas, electricity, and/or heating.
14. Check the Current Location where the applicant is living.
15. Check the type of residence that was damaged (e.g., Travel Trailer, Mobile Home, House-Single/Duplex, etc.). Other: may include, for example, homeless or RV.
16. If the person lived in the home more than six months of the year, or the applicant lists it as the address of his/her Federal Tax Return; or the applicant files a homestead exemption; or the applicant uses it as a voter registration address, check "Yes".
17. If the applicant is named on the deed, or the applicant maintains the home and pays the taxes, but pays no rent, or the applicant has lifetime occupancy rights while not holding legal title to the home, check Own. Check "Rent" if the applicant does not meet any of the above ownership criteria, even if the applicant pays no rent.
18. If the home is Accessible after the disaster, check "Yes". Inaccessible may include disruption or destruction of transportation routes or other obstructions that prevent the applicant from gaining entry to the damaged home. If the applicant is unable to enter the home, determine if it's Due to the Disaster or Due to Mandatory Evacuation and check appropriately.
19. List the type of insurance that the applicant held at the time of the disaster for the home and/or personal property, including but not limited to sewer backup, earthquake. Include the name of the insurance company. If No insurance, check I have no insurance for my home or personal property.
20. If the applicant incurred a Medical, Dental, Funeral and/or Moving/Storage Expense related to the disaster, check "Yes". Under Insurance Company, provide the name of applicant's insurance company if they had insurance for that expense.
21. Enter all vehicles for the household (regardless of condition) and their year, make, and model. If the applicant or one of the applicant's dependents owns a vehicle(s) that was damaged by the disaster, check "Yes". Also, check "Yes" for the vehicles that are drivable. Check "Yes" if the listed vehicle(s) has Comprehensive and/or Liability Insurance, and if the vehicle(s) is registered. Enter the name of the insurance company if applicant has insurance. If more space is needed use the space in item # 29.
22. If the applicant had Other Expenses, check the types of expenses that apply (i.e. generator, chainsaw).
23. If the applicant has Emergency Needs (e.g., Food, clothing, shelter), check the appropriate box for type of need.
24. Question relates to special needs. The Americans with Disabilities Act (ADA) defines a disability as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual." 42 USC 12102(2)(A). If the registrant or household member has such a disability and was affected by the disaster, please mark all of the areas of disability that apply.
25. List information for the applicant and all other persons/dependents who consider the home to be their primary residence at the time of the disaster, whether or not they are related to the applicant. It is important that the applicant's and co-applicant's SSN is included. Answer if they are a dependent or not.
26. LOST WORK? If the applicant or a member of the applicant's household lost work or became unemployed as a result of the disaster for which they will not be compensated, check "Yes". An example is, if the family breadwinner was incapacitated or killed due to the disaster.
SELF EMPLOYMENT IS PRIMARY INCOME? Check appropriately.
OWNS/REPRESENTS BUSINESS OR RENTAL PROPERTY? Check appropriately.
27. Enter the number of claimed dependents as listed on the applicant's Federal Tax Return.
28. Enter the combined family pre-disaster gross income. (This is the amount of income before any deductions, and may include money from employment, Social Security, retirement, welfare, child support, stocks, interest, annuities, and savings or assistance from family and friends. It does not include food stamps or HUD Section 8 assistance.) Check the appropriate frequency of pay (weekly, bi-weekly, monthly, semi-monthly, quarterly, or yearly). If income refused...check appropriate box.
29. If the applicant would like FEMA to automatically transfer assistance into their checking or savings account, check "Yes" next to Electronic Funds Transfer. Enter the name of the applicant's financial institution. Enter the applicant's 9 digit routing no. (The routing no. is the 9 digit number that appears in the lower left hand corner of the check.) Indicate the applicant's account type by marking the Checking or Savings box. Enter the applicant's account no. (The account number can be found at the center bottom of a check immediately after the routing number or can be found on a savings or checking account statement.) *Note: Applicant name must be on the account.
30. Enter any additional comments as necessary.
31. Enter name of the FEMA representative filling out form.

PRIVACY ACT STATEMENT

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206, Executive Order 12148, as amended, and Title IV of The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. §§ 1601 et seq., authorizing the collection of this information. The primary use of this information is to determine your eligibility to receive FEMA disaster assistance. Disclosures of this information may be made: Upon written request, to federal and state agencies providing disaster assistance, as well as to local governments or voluntary agencies from which you are seeking assistance, so that assistance efforts or benefits are not duplicated; to agencies, organizations and institutions as necessary for FEMA to obtain information from them in making eligibility determinations; to federal, state and local government agencies to promote hazard mitigation planning and enforcement, to law enforcement agencies or professional organization where there may be violation or potential violation of law, to a federal, state, or local agency we request information relevant to an Agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a Federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB circular A-19; and to the National Archives and Records Administration in records management inspection conducted under the authority of 44 U.S.C. §§ 2904 and 2906. Your Social Security number is solicited during registration pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d) and 7701(c)(1). Furnishing the social security number, as well as other information, is voluntary, but failure to do so may delay or prevent provisions of disaster assistance.

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.

The Tele-Registration recording, informs the respondent at the beginning of the registration intake, of the Privacy Act and Paperwork Reduction Act (PRA) burden disclosure information.