

Call Center Web Home Page - Windows Internet Explorer

https://iaapps.fematd.net/DAC/cc/login-action.do;jsessionid=0a4a9c1630d798e31ef433fc4958bb759? Certificate Error Google

File Edit View Favorites Tools Help Links

Call Center Web Home Page Home Feeds (0) Print Page Tools

**DisasterAssistance.gov**  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

**Disaster Assistance** Contact Us

Home | **New Registration** | Incomplete Registrations | Callout Registrations | Change Disaster | Copy Rgsn

**Call Center**

- Privacy Act (CTL-F3)
- Cal (CTL-F11)
- Info (F8)
- Help
- Exit (CTL-F12)

"Good morning/afternoon, Disaster Assistance, my name is \_\_\_\_\_, How may I help you?"  
"In what state did your damage occur?"

[SERVICE REP: Please check the following information for persons who have already applied or are inquiring about some other type of assistance.

After asking for the state in which the damage occurred, press F8 or click on the INFO BUTTON on the Tool Bar to determine whether we are still taking applications for the caller's disaster. If we are still taking applications for this disaster, press the NEW BUTTON. If this disaster is CLOSED, click the INFORMATION TAB and follow the instructions.

If the caller needs to finish an incomplete application, then press or click on the INCOMPLETE BUTTON.

If the caller wants to check on the status of his or her application, then transfer the call to the Disaster Information Helpline.

If the caller needs to obtain an address or phone number to another disaster assistance office (e.g., Red Cross or Public Information Officer), then press F8 or click on the INFO BUTTON on the Tool Bar to locate the appropriate information.

[SERVICE REP: This script area is to advise you of any new or updated disaster information for a declaration, such as added counties, closing incident periods, etc. The information will be displayed by disaster and the date. You must check this bulletin each day for important updates. Once notified via this bulletin that new information exists, please select F8 or click on the INFO to review the specific data.]

Start | Inboxes - Microsoft O... | NEMIS Version 3.09... | NEMIS Human Servi... | C:\Documents and ... | Call Center Web H... | 11:01

Disaster Assistance Center - Windows Internet Explorer

https://www.disasterassistance.gov/DAC/i/newReg.do

File Edit View Favorites Tools Help Links

Customize Links Windows Marketplace Google Bing GSA Schedule 70 Handysoft

FRA IC List Disaster Assistance Center

**DisasterAssistance.gov**  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0492  
Server: DAC-PROD-PUBLIC

**Disaster Assistance** Contact Us

Introduction

Instructions

- Instructions
- Privacy Act

**Registration Instructions**

Application Progress  
●●●●●●●●●●●●●●●●  
OMB No. 1660-0002, Exp. 5-31-2010

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".

This application is best viewed in full screen mode.

Done | Internet | 100%

Start | Disaster Assist... | Inboxes - Microsof... | 1 Reminder | IC Instruments | jansanj on twof... | Document1 - Hlc... | My Computer | 3 1/2 Floppy (A:) | 9:48 AM

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/newReg.do

Disaster Assistance Center

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

Introduction

**Registration Instructions**

Application Progress  
●●●●●●●●●●●●●●●●  
OMB No. 1660-0002, Exp. 5-31-2010

Instructions

- Instructions
- Privacy Act
- Isaac Override

The application process will take approximately 18 - 20 minutes.

To complete this interview, you will need: Your Social Security Number, Insurance Type, Gross Household Income, Addresses and Phone Numbers. If you do not have you or your spouse social security number at this time, please call back. The Social Security number is required for Identity Verification purposes.

[Exit](#) [Delete This Registration](#) [Next](#)

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/privacyAct.do

Disaster Assistance Center

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

Introduction

**Privacy Act Statement**

Application Progress  
●●●●●●●●●●●●●●●●  
OMB No. 1660-0002, Exp. 5-31-2010

Instructions

- Instructions
- Privacy Act
- Isaac Override

**Service Rep:**  
Please read the following statement to each Delta Call applicant, as they will not have heard it from the Phone Recorded Message

"We are required by law to provide the following Privacy Act Notice to you.

The information you give to FEMA will be used to refer you to disaster assistance programs. It may be shared with 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.

You authorize FEMA and the State to verify the information that we record.

If you knowingly make false statements to obtain disaster aid, it is a violation of Federal and State laws."

**Service Rep:**  
May I have your Social Security Number?

[Back](#) [Delete This Registration](#) [Next](#)

Disaster Assistance Center - Windows Internet Explorer  
 https://iaapps.fematdl.net/DAC/ri/privacyAct.do

Disaster Assistance Center

DisasterAssistance.gov  
 ACCESS TO DISASTER HELP AND RESOURCES  
 Version: 1.03.00.00.0489  
 Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction Identification

Identification

Personal Identification

Application Progress  
 OMB No. 1660-0002, Exp. 5-31-2010

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

Prefix: MR  
 First Name: TEST  
 MI:  
 Last Name: TESTER  
 SSN: 255 - 78 - 9313  
 Email Address:  
 Date of Birth MM/DD/YYYY: 12 / 03 / 1950

Back Delete This Registration Next

Done

Disaster Assistance Center - Windows Internet Explorer  
 https://iaapps.fematdl.net/DAC/ri/contact.do

Disaster Assistance Center

DisasterAssistance.gov  
 ACCESS TO DISASTER HELP AND RESOURCES  
 Version: 1.03.00.00.0489  
 Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction Identification

Identification

Registrant: MR TEST TESTER  
 Registration Id: 15-0269292

Contact Phone Numbers

Application Progress  
 OMB No. 1660-0002, Exp. 5-31-2010

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 contact you regarding your registration for disaster assistance.

Error: Current Phone must be 7 digits;

Area Code	Phone Number	Ext.	Note
*Damaged Dwelling Phone: (250)	004 - 9611		
<input type="checkbox"/> My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.			
*Current Phone: (258)	771 - 3541		
Cell Phone: (516)	564 - 6544		
Alternate Phone: (646)	985 - 6651		Alternate phone extension

Back Delete This Registration Next

Done

Disaster Assistance Center - Windows Internet Explorer  
 https://iaapps.fematdl.net/DAC/ri/contact.do  
 Certificate Error  
 Google

File Edit View Favorites Tools Help  
 Links

Disaster Assistance Center Home Feeds (0) Print Page Tools

**DisasterAssistance.gov**  
 ACCESS TO DISASTER HELP AND RESOURCES  
 Version: 1.03.00.00.0489  
 Server: DAC-TDL-CC

**Disaster Assistance** Contact Us

Introduction Identification

Identification Registrant: MR TEST TESTER Registration Id: 15-0269292

Personal  
 Phone Numbers  
 Address  
 County / Parish / Municipio  
 Isaac Override

**Contact Phone Numbers**

Application Progress  
 OMB No. 1660-0002, Exp. 5-31-2010

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 contact you regarding your registration for disaster assistance.

**Call Center**  
 Language (CTL-F2)  
 Privacy Act (CTL-F3)  
 Comments (F9)  
 Cal (CTL-F11)  
 Info (F8)  
 Help

**Error: Current Phone must be 7 digits;**

	Area Code	Phone Number	Ext.	Note
* Damaged Dwelling Phone:	( 250 )	004 - 9611		
<input type="checkbox"/> My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.				
* Current Phone:	( 258 )	771 - 3541		<input type="text" value="Current phone note"/>
Cell Phone:	( 516 )	564 - 6544		
Alternate Phone:	( 646 )	985 - 6651		

Back Delete This Registration Next

Done Local intranet 100%

Start Inboxes - Micros... NEMIS Version ... NEMIS Human ... C:\Documents ... Disaster Assi... Document1 - Mi... 11:05

Disaster Assistance Center - Windows Internet Explorer  
 https://iaapps.fematdl.net/DAC/ri/contact.do  
 Certificate Error  
 Google

File Edit View Favorites Tools Help  
 Links

Disaster Assistance Center Home Feeds (0) Print Page Tools

**DisasterAssistance.gov**  
 ACCESS TO DISASTER HELP AND RESOURCES  
 Version: 1.03.00.00.0489  
 Server: DAC-TDL-CC

**Disaster Assistance** Contact Us

Introduction Identification

Identification Registrant: MR TEST TESTER Registration Id: 15-0269292

Personal  
 Phone Numbers  
 Address  
 County / Parish / Municipio  
 Isaac Override

**Damaged Dwelling Address**

Application Progress  
 OMB No. 1660-0002, Exp. 5-31-2010

Help for this page  
 Please provide the full physical street address where the damage occurred, including the house or building number, the street name and any apartment or lot number.

**Call Center**  
 Language (CTL-F2)  
 Privacy Act (CTL-F3)  
 Comments (F9)  
 Cal (CTL-F11)  
 Info (F8)  
 Help

\* ZIP: 29742 ZIP+4:

\* Street Address: 2500 TESTER ST

\* City: SHARON

\* State: SC

\* Do you own this home or do you rent it? OWN

**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:

\* ZIP: 29742 ZIP+4:

\* Street Address: PO BOX 25

\* City: SHARON

\* State: SC

Back Delete This Registration Next

Done Local intranet 100%

Start Inboxes - Mic... NEMIS Vers... NEMIS Hum... C:\Docume... Disaster A... Document1 ... Public RI Pri... 11:06

https://iaapps.fematdl.net/DAC/ri/mailAddress.do - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/mailAddress.do

File Edit View Favorites Tools Help

Home Feeds (0) Print Page Tools

**DisasterAssistance.gov**  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

**Disaster Assistance** [Contact Us](#)

**Introduction** | **Identification**

**Identification** Registrant: MR TEST TESTER **Registration Id:** 15-0269292

- Personal
- Phone Numbers
- Address**
- County / Parish / Municipio
- Isaac Override

**Damaged Dwelling Address**

**Application Progress**  
●●●●●●●●●●●●●●●●  
OMB No. 1660-0002, Exp. 5-31-2010

[Help for this page](#)  
Please provide the full physical street address where the damage occurred, including the house or building number, the street name and any apartment or lot number.

**Call Center**

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Comments (F9)
- Cal (CTL-F11)
- Info (F8)
- Help

Validating and saving data.  
Please be patient.

Waiting for https://iaapps.fematdl.net/DAC/ri/mailAddress.do...

Start | Inboxes - Mic... | NEMIS Vers... | NEMIS Hum... | C:\Docume... | Disaster A... | Document1... | Public RI Pri... | 11:07

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/mailAddress.do

File Edit View Favorites Tools Help

Home Feeds (0) Print Page Tools

**DisasterAssistance.gov**  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

**Disaster Assistance** [Contact Us](#)

**Introduction** | **Identification**

**Identification** Registrant: MR TEST TESTER **Registration Id:** 15-0269292  
**State:** SC

- Personal
- Phone Numbers
- Address**
- County / Parish / Municipio**

**Damaged Dwelling County/Parish/Municipio**

**Application Progress**  
●●●●●●●●●●●●●●●●  
OMB No. 1660-0002, Exp. 5-31-2010

[Help for this page](#)  
Where did the damage occur?

\* In what county/parish/municipio did the damage occur? YORK

[Back](#) [Delete This Registration](#) [Next](#)

**Call Center**

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Comments (F9)
- Cal (CTL-F11)
- Info (F8)
- Help

Done

Start | Inboxes - Mic... | NEMIS Vers... | NEMIS Hum... | C:\Docume... | Disaster A... | Document1... | Public RI Pri... | 11:07

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/dstrDamage.do

Disaster Assistance Center

Disaster Assistance .gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance | Introduction | Identification | Disaster | Contact Us

Disaster Registrant: MR TEST TESTER  
Registration Id: 15-0269292  
Disaster Number: 7092 State: SC

Disaster Selection

Call Center  
Language (CTL-F2)  
Privacy Act (CTL-F3)  
Summary (Ctl+F5)  
Referrals (F6)  
Comments (F9)  
Cal (CTL-F11)  
Info (F8)  
Help

Disaster Selection

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

\* In what disaster did your damage occur?

Select	Description of Disaster	Incident Period	Disaster Number
<input type="radio"/>	HURRICANE GRETCHEN TEST 11-2-04 BB	10/29/2005 - 11/15/2005	1305
<input checked="" type="radio"/>	TDL TEST SC TROPICAL STORM ANNIE 1-20-05 BB	01/20/2005 - Present Time	7092
<input type="radio"/>	SC-TEST-ADMIN TRAINING-FLOOD-2/25/04	02/25/2004 - Present Time	7021
<input type="radio"/>	None of the disasters above match the situation		

Back Delete This Registration Next

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/dstrSelection.do

Disaster Assistance Center

Disaster Assistance .gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance | Introduction | Identification | Disaster | Contact Us

Disaster Registrant: MR TEST TESTER  
Registration Id: 15-0269292  
Disaster Number: 7092 State: SC

Disaster Selection

Call Center  
Language (CTL-F2)  
Privacy Act (CTL-F3)  
Summary (Ctl+F5)  
Referrals (F6)  
Comments (F9)  
Cal (CTL-F11)  
Info (F8)  
Help

Damage Type

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

\* Loss Date: 01/20/2005

\* What type of the following damage occurred?

Fire/Smoke/Soot/Ash  
 Hurricane/Hail/Rain/Wind Driven Rain  
 Power Surge/Lightning  
 Tornado/Wind

Service Rep: If the damage type is not available above, please select below Other damage not listed here.  
 Other damage not listed here

Back Delete This Registration Next

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/dstrDamage.do

Disaster Assistance Center

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

**Disaster Assistance** [Contact Us](#)

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

**Disaster** Registrant: MR TEST TESTER  
Registration Id: 15-0269292  
Disaster Number: 7021 State: SC

**Invalid Registration**

**Application Progress**  
OMB No. 1660-0002, Exp. 5-31-2010

The information you have provided does not match the disaster declaration. However, the declaration may be modified at a later date. You should complete your registration in case this occurs. Your registration will be processed immediately if the disaster declaration is amended such that your registration circumstances match the disaster declaration.

**After Filing Deadline**  
It is past the filing deadline for this disaster. If you wish to continue, a letter will be sent stating you are not eligible for consideration for disaster assistance under the Individuals and Households program.

**Undesignated County**  
The county you identified is not included in the disaster declaration. We suggest that you contact your County Emergency Management Agency to report your damages to them. If you have emergency needs, you may also contact your local American Red Cross.

Select the Next button to continue the registration process.  
Select the Delete This Registration button to delete your registration.  
Select the Back button to review and/or revise your registration.

[Back](#) [Delete This Registration](#) [Next](#)

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/dstrDamage.do

Disaster Assistance Center

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

**Disaster Assistance** [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses** Registrant: MR TEST TESTER  
Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Disaster Related Losses**

**Application Progress**  
OMB No. 1660-0002, Exp. 5-31-2010

Did you have any of the following losses?

\* 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](#)

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/homeInsurance.do

Disaster Assistance Center

Disaster Assistance  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

**Damaged Dwelling**

Help for this page  
Please provide the following information about the damaged dwelling.

\* Where are you currently living or staying?

\* What type of home are you registering?

\* Is this your primary residence, where you live more than six months out of the year?

\* Are you currently able to get to your home?

Yes, I am able to get to my home.

I am unable to return to my home due to a mandatory evacuation.

I am unable to return to my home because damages to the roads or bridges in the area prevent it.

[Back](#) [Delete This Registration](#) [Next](#)

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/damagedDwelling.do

Disaster Assistance Center

Disaster Assistance  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

**Home Insurance**

Help for this page  
\* Identify the type of insurance policies currently in effect for your home and/or personal property. Check all current policies that apply.

Select	Type of Insurance	Insurance Company Name
<input type="checkbox"/>	Contents Only Insurance	<input type="text"/>
<input type="checkbox"/>	Flood Insurance	<input type="text"/>
<input checked="" type="checkbox"/>	Homeowners Insurance	HOME INSURANCE CO
<input type="checkbox"/>	Homeowners Insurance with a Sewer Backup Rider	<input type="text"/>
<input type="checkbox"/>	Mobile Home Insurance	<input type="text"/>
<input type="checkbox"/>	I have no insurance for my home or personal property.	

[Back](#) [Delete This Registration](#) [Next](#)

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help



Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/homeInsurance.do

Disaster Assistance Center

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Disaster Related Expenses**

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

Help for this page  
Have you incurred uninsured or under-insured expenses as a direct result of the disaster?

Do you have MEDICAL expenses as a result of the disaster?  YES  NO

Do you have DENTAL expenses as a result of the disaster?  YES  NO

Do you have FUNERAL expenses as a result of the disaster?  YES  NO

[Back](#) [Delete This Registration](#) [Next](#)

Losses

- Losses
- Dwelling
- Home Insurance
- Expenses
  - Vehicle Damages
  - Misc Purchases
  - Emergency Needs
  - Special Needs

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/expenses.do

Disaster Assistance Center

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Other Insurance**

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

Help for this page  
\* You stated that you had medical, dental, or funeral expenses. Do you have any of the following insurances?

Select	Type of Insurance	Company Name	Provide Another Company Name
<input checked="" type="checkbox"/>	Dental Insurance	DENTAL INSURANCE CO	<input type="checkbox"/>
<input type="checkbox"/>	Funeral or Burial Insurance		<input type="checkbox"/>
<input type="checkbox"/>	Health/Medical Insurance		<input type="checkbox"/>
<input type="checkbox"/>	Medicaid/Title XIX Insurance		<input type="checkbox"/>
<input type="checkbox"/>	I do not have any insurance listed above		

[Back](#) [Delete This Registration](#) [Next](#)

Losses

- Losses
- Dwelling
- Home Insurance
- Expenses
  - Other Insurance
  - Vehicle Damages
  - Misc Purchases
  - Emergency Needs
  - Special Needs

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/otherInsurance.do

Disaster Assistance Center

Disaster Assistance  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance**
- Vehicle Damages
- Misc Purchases
- Emergency Needs
- Special Needs

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Other Insurance**

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

Help for this page  
\* You stated that you had medical, dental, or funeral expenses. Do you have any of the following insurances?

Select	Type of Insurance	Company Name	Provide Another Company Name
<input checked="" type="checkbox"/>	Dental Insurance	DENTAL INSURANCE CO DENTAL PLUS INS CO	<input type="checkbox"/>
<input type="checkbox"/>	Funeral or Burial Insurance		<input type="checkbox"/>
<input type="checkbox"/>	Health/Medical Insurance		<input type="checkbox"/>
<input type="checkbox"/>	Medicaid/Title XIX Insurance		<input type="checkbox"/>
<input type="checkbox"/>	I do not have any insurance listed above		

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Back Delete This Registration Next

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/otherInsurance.do

Disaster Assistance Center

Disaster Assistance  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages**
- Misc Purchases
- Emergency Needs
- Special Needs

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Disaster Related Vehicle Damage**

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

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

Back Delete This Registration Next

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/vehicleDmg.do

Disaster Assistance Center

Disaster Assistance  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Vehicles**
- Misc Purchases
- Emergency Needs
- Special Needs

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (FR)

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

**Vehicles**

Help for this page  
Please provide me with a list of all vehicles owned by you, your spouse or your dependents. Service Representative: Click "ADD" to enter vehicle information.

[Add](#)

Edit	Year	Make	Model	Damaged	Drivable	Comprehensive Insurance	Liability Insurance	Registered	Delete
<a href="#">Back</a>									<a href="#">Delete This Registration</a>
									<a href="#">Next</a>

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/vehicleUpdate.do?VEHICLE\_ID=-1&

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Disaster Assistance  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Vehicles**
- Misc Purchases
- Emergency Needs
- Special Needs

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (FR)

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

**Update Vehicle**

Help for this page  
Service Representative: Enter information about each vehicle in the household separately.

\* Year \* Make \* Model

1990  
1991  
1992  
1993  
1994  
1995  
1996  
1997  
1998  
1999

by the disaster?

ivable?

comprehensive

liability insurance?

\* Is this vehicle currently registered?

What is the insurance company name?

What is the insurance company name?

[Back](#) [Delete This Registration](#) [Save](#)

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/vehicleUpdate.do?VEHICLE\_ID=-1&

Disaster Assistance Center

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction | Identification | Disaster | **Losses**

**Losses** Registrant: MR TEST TESTER

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Vehicles**
- Misc Purchases
- Emergency Needs
- Special Needs

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Update Vehicle**

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

Help for this page  
Service Representative:  
Enter information about each vehicle in the household separately.

\* Year: 1990 \* Make: CHEVROLET \* Model:

CHEVROLET  
CHRYSLER

\* Was this vehicle damaged by the disaster?

\* Is this vehicle currently drivable?

\* Is this vehicle covered by comprehensive insurance?  What is the insurance company name?

\* Is this vehicle covered by liability insurance?  What is the insurance company name?

\* Is this vehicle currently registered?

Back Delete This Registration Save

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (FR)

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/vehicleUpdate.do?VEHICLE\_ID=-1&

Disaster Assistance Center

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction | Identification | Disaster | **Losses**

**Losses** Registrant: MR TEST TESTER

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Vehicles**
- Misc Purchases
- Emergency Needs
- Special Needs

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Update Vehicle**

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

Help for this page  
Service Representative:  
Enter information about each vehicle in the household separately.

\* Year: 1990 \* Make: CHRYSLER \* Model: TC BY MASERATI CONV

TC BY MASERATI CONV  
TOWN AND COUNTRY 2WD

\* Was this vehicle damaged by the disaster?

\* Is this vehicle currently drivable?

\* Is this vehicle covered by comprehensive insurance?  What is the insurance company name?

\* Is this vehicle covered by liability insurance?  What is the insurance company name?

\* Is this vehicle currently registered?

Back Delete This Registration Save

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (FR)

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/vehicleUpdate.do?VEHICLE\_ID=1& Certificate Error Google

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Disaster Assistance Center Home Feeds (0) Print Page Tools

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES  
Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction Identification Disaster Losses

Losses  
 \* Losses  
 \* Dwelling  
 \* Home Insurance  
 \* Expenses  
 \* Other Insurance  
 \* Vehicle Damages  
 \* Vehicles  
 \* Misc Purchases  
 \* Emergency Needs  
 \* Special Needs

Call Center  
 \* Language (CTL-F2)  
 \* Privacy Act (CTL-F3)  
 \* Summary (Ctl+F5)  
 \* Referrals (F6)  
 \* Comments (F9)  
 \* Save Incomplete (F10)  
 \* End (Alt+F11)  
 \* Cal (CTL-F11)  
 \* Info (FR)

Registrant: MR TEST TESTER  
 Registration Id: 15-0269292  
 Disaster Number: 1305 State: SC  
 Application Progress  
 OMB No. 1660-0002, Exp. 5-31-2010

### Update Vehicle

Help for this page  
 Service Representative:  
 Enter information about each vehicle in the household separately.

\* Year: 1990 \* Make: CHRYSLER \* Model: TC BY MASERATI CONV

\* Was this vehicle damaged by the disaster? YES  
 \* Is this vehicle currently drivable? NO  
 \* Is this vehicle covered by comprehensive insurance? NO  
 \* Is this vehicle covered by liability insurance? YES  
 \* Is this vehicle currently registered? YES

What is the insurance company name?  
 What is the insurance company name? LIABILITY INSURANCE CO

Back Delete This Registration Save

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https://iaapps.fematdl.net/DAC/ri/vehicleUpdate.do Certificate Error Google

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Disaster Assistance Center Home Feeds (0) Print Page Tools

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES  
Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction Identification Disaster Losses

Losses  
 \* Losses  
 \* Dwelling  
 \* Home Insurance  
 \* Expenses  
 \* Other Insurance  
 \* Vehicle Damages  
 \* Vehicles  
 \* Misc Purchases  
 \* Emergency Needs  
 \* Special Needs

Call Center  
 \* Language (CTL-F2)  
 \* Privacy Act (CTL-F3)  
 \* Summary (Ctl+F5)  
 \* Referrals (F6)  
 \* Comments (F9)  
 \* Save Incomplete (F10)  
 \* End (Alt+F11)  
 \* Cal (CTL-F11)  
 \* Info (FR)

Registrant: MR TEST TESTER  
 Registration Id: 15-0269292  
 Disaster Number: 1305 State: SC  
 Application Progress  
 OMB No. 1660-0002, Exp. 5-31-2010

### Vehicles

Help for this page  
 Please provide me with a list of all vehicles owned by you, your spouse or your dependents.  
 Service Representative: Click "ADD" to enter vehicle information.

Add

Edit	Year	Make	Model	Damaged	Drivable	Comprehensive Insurance	Liability Insurance	Registered	Delete
Edit	1990	CHRYSLER	TC BY MASERATI CONV	Yes	No	No	LIABILITY INSURANCE CO	Yes	Delete

Back Delete This Registration Next

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 https://iaapps.fematdl.net/DAC/ri/vehicles.do

Disaster Assistance Center

DisasterAssistance.gov  
 ACCESS TO DISASTER HELP AND RESOURCES  
 Version: 1.03.00.00.0489  
 Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**  
 \* Losses  
 \* Dwelling  
 \* Home Insurance  
 \* Expenses  
 \* Other Insurance  
 \* Vehicle Damages  
 \* Vehicles  
 \* Misc Purchases  
 \* Emergency Needs  
 \* Special Needs

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
 Disaster Number: 1305 State: SC

**Miscellaneous Purchases**

Application Progress  
 OMB No. 1660-0002, Exp. 5-31-2010

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 as a result of the disaster?  YES  NO

[Back](#) [Delete This Registration](#) [Next](#)

**Call Center**  
 \* Language (CTL-F2)  
 \* Privacy Act (CTL-F3)  
 \* Summary (Ctl+F5)  
 \* Referrals (F6)  
 \* Comments (F9)  
 \* Save Incomplete (F10)  
 \* End (Alt+F11)  
 \* Cal (CTL-F11)  
 \* Info (FR)

Done

Disaster Assistance Center - Windows Internet Explorer  
 https://iaapps.fematdl.net/DAC/ri/miscPurchases.do

Disaster Assistance Center

DisasterAssistance.gov  
 ACCESS TO DISASTER HELP AND RESOURCES  
 Version: 1.03.00.00.0489  
 Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**  
 \* Losses  
 \* Dwelling  
 \* Home Insurance  
 \* Expenses  
 \* Other Insurance  
 \* Vehicle Damages  
 \* Vehicles  
 \* Misc Purchases  
 \* Emergency Needs  
 \* Special Needs

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
 Disaster Number: 1305 State: SC

**Emergency Needs**

Application Progress  
 OMB No. 1660-0002, Exp. 5-31-2010

Help for this page

Do you have any immediate needs for evacuation expenses such as clothing, medication, gas, etc.?  
 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, medication or gas.  
 I have a disaster related emergency need for shelter.  
 I have a disaster related emergency need for clothing.

[Back](#) [Delete This Registration](#) [Next](#)

**Call Center**  
 \* Language (CTL-F2)  
 \* Privacy Act (CTL-F3)  
 \* Summary (Ctl+F5)  
 \* Referrals (F6)  
 \* Comments (F9)  
 \* Save Incomplete (F10)  
 \* End (Alt+F11)  
 \* Cal (CTL-F11)  
 \* Info (FR)

/DAC/ri/essentialNeeds.do

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/essentialNeeds.do

Disaster Assistance Center

Disaster Assistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Vehicles
- Misc Purchases
- Emergency Needs
- Special Needs

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (FR)

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Special Needs**

Application Progress

OMB No. 1660-0002, Exp. 5-31-2010

Help for this page

\* 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?  YES  NO

[Back](#) [Delete This Registration](#) [Next](#)

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/specialNeeds.do

Disaster Assistance Center

Disaster Assistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Vehicles
- Misc Purchases
- Emergency Needs
- Special Needs
- Special Needs General

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (FR)

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Special Needs General Categories**

Application Progress

OMB No. 1660-0002, Exp. 5-31-2010

Help for this page

\* You stated that you or a household member has a disability that was affected by the disaster. Please choose from the following:

Mobility:  YES  NO

Cognitive/Developmental Disabilities/Mental Health:  YES  NO

Hearing or Speech:  YES  NO

Vision:  YES  NO

Other:  YES  NO

[Back](#) [Delete This Registration](#) [Next](#)

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/specialNeedsCats.do

Disaster Assistance Center

Disaster Assistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#)

**Losses**

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Vehicles
- Misc Purchases
- Emergency Needs
- Special Needs
- Special Needs General
- Special Needs Specific

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

### Special Needs Specific Categories

Help for this page

\* Based on the general categories of disability you have given, please select from the following list of specific categories related to those disabilities that have been affected by the disaster.

**Mobility**

Wheelchair  Walker  Cane  Lift  Bath Chair  Personal Care Attendant

**Vision**

Glasses  White Cane  Service Animal  Braille or other accessible communication device  Magnifier

[Back](#) [Delete This Registration](#) [Next](#)

/DAC/ri/specialNeedsUpdate.do

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/specialNeedsUpdate.do

Disaster Assistance Center

Disaster Assistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#) | [Occupants](#)

**Occupants**

- Occupants

Call Center

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

### Occupants

Help for this page

I need to list the names of all the persons living in your home at the time of the disaster. Including the Social Security Numbers of all your dependent children. If you do not have the dependent's social security number, please call our FEMA Helpline number at 1-800-621-3362 once the information is obtained. Not including the social security numbers of your dependent children will not prevent your application from being processed. However, you should update your application as soon as possible.

[Add](#)

Edit	Last Name	First Name	MI	Relationship	SSN	Age	Delete
	TESTER	TEST		Registrant	255-78-9313	59	

[Back](#) [Delete This Registration](#) [Next](#)



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Disaster Assistance Center Home Feeds (0) Print Page Tools

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES  
Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction Identification Disaster Losses Occupants

Occupants Registrant: MR TEST TESTER Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

Update Occupant Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

Call Center Help for this page  
Service Representative: Enter household occupant information below.

What is this person's last name? TESTER  
What is this person's first name? HUSBAND  
What is this person's middle initial? S  
What is the relationship you have with this person?  
BOARDER  
CO-REG/SPOUSE  
FRIEND/RELATIVE  
IMMED FAMILY  
LANDLORD  
OTHER

Cancel Delete This Registration Save

Done Local intranet 100%

Start 2 Microsoft Of... NEMIS Version ... NEMIS Human S... C:\Documents ... Disaster Assis... Document1 - Mi... 11:23

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/occupant.do?RGSN\_OCPT\_ID=-1& Certificate Error Google

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Disaster Assistance Center Home Feeds (0) Print Page Tools

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES  
Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction Identification Disaster Losses Occupants

Occupants Registrant: MR TEST TESTER Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

Update Occupant Application Progress  
OMB No. 1660-0002, Exp. 5-31-2010

Call Center Help for this page  
Service Representative: Enter household occupant information below.

What is this person's last name? TESTER  
What is this person's first name? HUSBAND  
What is this person's middle initial? S  
What is the relationship you have with this person? CO-REG/SPOUSE  
What is this person's Social Security Number? 164 - 64 - 6464  
What is this person's age? 61

Cancel Delete This Registration Save

Done Local intranet 100%

Start 2 Microsoft Of... NEMIS Version ... NEMIS Human S... C:\Documents ... Disaster Assis... Document1 - Mi... 11:23

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/occupant.do

Disaster Assistance Center

Disaster Assistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#) | [Occupants](#)

**Occupants**      Registrant: MR TEST TESTER      Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Occupants**

**Call Center**

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

**Application Progress**

OMB No. 1660-0002, Exp. 5-31-2010

**Help for this page**

I need to list the names of all the persons living in your home at the time of the disaster. Including the Social Security Numbers of all your dependent children. If you do not have the dependents social security number, please call our FEMA Helpline number at 1-800-621-3362 once the information is obtained. Not including the social security numbers of your dependent children will not prevent your application from being processed. However, you should update your application as soon as possible.

**Add**

Edit	Last Name	First Name	MI	Relationship	SSN	Age	Delete
	TESTER	TEST		Registrant	255-78-9313	59	
Edit	TESTER	HUSBAND	S	Co-Reg/Spouse	164-64-6464	61	Delete

**Back**      **Delete This Registration**      **Next**

Done

Local intranet 100%

Start

2 Microsoft Of... NEMIS Version ... NEMIS Human S... C:\Documents ... Disaster Assis... Document1 - Mi... 11:24

Disaster Assistance Center - Windows Internet Explorer

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Disaster Assistance Center

Disaster Assistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance [Contact Us](#)

[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#) | [Occupants](#) | [Financial](#)

**Financial**      Registrant: MR TEST TESTER      Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

**Business Damages**

**Call Center**

- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

**Application Progress**

OMB No. 1660-0002, Exp. 5-31-2010

**Help for this page**

**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

**Back**      **Delete This Registration**      **Next**

Done

Local intranet 100%

Start

2 Microsoft Of... NEMIS Version ... NEMIS Human S... C:\Documents ... Disaster Assis... Document1 - Mi... 11:24

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/left.do

Disaster Assistance Center

DisasterAssistance.gov  
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction | Identification | Disaster | Losses | Occupants | Financial | Conclusion

**Financial**

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

Application Progress

OMB No. 1660-0002, Exp. 5-31-2010

**Financial Information**

Help for this page

Please provide your household annual gross income, at the time of the disaster, and your choice for electronic funds transfer. Providing us with your pre-disaster annual gross income, reduces the processing time and directs your application to the programs best suited to meet your needs.

\* How many dependents do you have?

Income not Available

\* What is your family's pre-disaster gross income; this includes you and your dependents?  **Calculator**

Service Representative: Please enter whole dollars only, no dollar sign, no commas, and no decimal point.

\* 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.

**Back** **Delete This Registration** **Next**

Done

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Start

Microsoft Of... NEMIS Version ... NEMIS Human S... C:\Documents ... Disaster Assis... Document1 - Mi... 11:27

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/income.do

Disaster Assistance Center

Introduction | Identification | Disaster | Losses | Occupants | Financial | Conclusion

**Financial**

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

Application Progress

OMB No. 1660-0002, Exp. 5-31-2010

**Electronic Funds Transfer**

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 provide anyone else's account information. This service is not available for Business applicants. Please provide the following information:

Susan B Sample 5678  
2244 Lois Lane  
Anytown, FL 32123-4567

04-01-08

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?


\* Please repeat the account number.

**Back** **Delete This Registration** **Next**

Conclusion

Registrant: MR TEST TESTER

Registration Id: 15-0269292  
Disaster Number: 1305 State: SC

 Program Referrals

OMB No. 1660-0002, Exp. 5-31-2010

 Help for this page

**YOUR REGISTRATION IS COMPLETE!**

**Do not complete another registration. If another registration is completed it will delay your assistance.**

Based on the information you have given us you may be eligible for assistance from one or more of the programs listed.

**Service Representative:**  
Please read each program description below.

Program	Description
<b>Transitional Sheltering Assistance Program (TSA)</b>	You and your household have been referred to the Transitional Sheltering Assistance Program (TSA) so your case can be reviewed for assistance during your temporary hotel stay. FEMA, in conjunction with State and local officials, will determine the eligible start date for this assistance, and it may cover part or all of your hotel stay. The eligibility period for TSA is from 01/01/2007 to 01/03/2007. Please locate a hotel that is participating in the Corporate Lodging Consultants (CLC) Emergency Lodging Assistance Program (ELA).  This assistance will provide 1 hotel room per every 4 household members.  Please be aware that Household members cannot apply to receive this assistance separately. Although you have been referred to this program, if another member of the Household is determined to be the Head of Household, you will not be eligible for Hotel Assistance. This program is for 1 member of each household and the appropriate number of hotel rooms will be provided based on the number of members in each household.

If eligibility for the TSA program is confirmed for your household, your assistance will expire at the end of the eligibility period outlined by the program or once your home becomes habitable, whichever comes first.

If you like, I can assist you in locating a participating hotel after your Registration is complete.  
You are being referred to FEMA's Individuals and Households Program (IHP) for possible assistance.

**Individuals & Households Program** You will receive a pamphlet titled, "Help After a Disaster, Applicant's Guide to the Individuals and Households Program". Please read it carefully; this pamphlet should answer most of your questions and provide additional information about other programs that may be able to assist in your recovery efforts.

A FEMA inspector will contact you within 10 - 14 days of registration to verify your disaster related damages. It is very important that you or another adult member of the household (18 years or older) be present so the inspection can be performed. You will be asked to sign a statement confirming your citizenship status and may need the following information for the inspector:  
\* proof that you were occupying the home at the time of the disaster (such as a utility bill)  
\* your home ownership papers or lease agreement if you are a renter and  
\* your insurance policies

**Service Representative:**  
If applicant applies using the SSN of a dependent child read the following: You must provide copies of the document(s) that state the child is a United States citizen, non-citizen national, or qualified alien.

Within 10-days following your FEMA inspection you will be notified by mail of your eligibility. If you are found eligible a check or electronic funds transfer will arrive separately.

**Individuals & Households Program (Insured)** You indicated in your registration you have insurance for all or part of the damages identified. In order to determine the type and amount of assistance you may be eligible to receive, FEMA must first know the type and amount of insurance assistance received by your household. Please provide FEMA with a copy of this information as soon as it is available. If you have not done so already we recommend you contact your insurance provider to determine your coverage. If any of your damages were caused by Flooding a FEMA inspector will contact you within 10 - 14 days of this registration to verify your disaster related losses. You will receive a pamphlet titled "Help After a Disaster, Applicant's Guide to the Individuals and Households Program". Please read it carefully; this pamphlet should answer most of your questions and provide additional information about other programs that may be able to assist in your recovery efforts.

**Individuals and Households Program (M/D/Other miscellaneous)** You are being referred to FEMA's Individual and Households Program. They may help you with your medical, dental, funeral, or other miscellaneous expenses.  
You will receive a pamphlet titled "Help After a Disaster, Applicant's Guide to the Individuals and Households Program". This program guide will help you understand the assistance provided by FEMA and the state. Please read it carefully; this pamphlet should answer most of your questions and provide additional information about other programs that may be able to assist in your recovery efforts.

[Back](#)

[Next](#)

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/programReferrals.do

File Edit View Favorites Tools Help

Disaster Assistance Center

Home Feeds (0) Print Page Tools

Agency Referrals

The American Red Cross

Registrant: MR TEST TESTER Registration ID: 15-0269292

Disaster Number: 1305 State: SC

Script

The American Red Cross or other voluntary agencies may assist you with food, clothing, shelter, transportation, and medical care on an emergency basis. The American Red Cross may also help you with serious needs not addressed by your insurance company or other disaster assistance programs.

To reduce disaster related emotional stress on family and friends, the American Red Cross offers an on-line service where you can register your name as being "safe and well". Concerned family and friends can search the list of those who have listed themselves as "safe and well" at <https://disastersafe.redcross.org>.

Add Remove

Available Agencies

- Aging Services
- American Red Cross
- Animal Health & Assistance
- Crisis Counseling
- Disaster Recovery Center (DRC)
- Emergency Services
- Essential Needs
- Food Stamp Program
- Fraud Detection
- National Flood Insurance Program (NFIP)

Office Information

Organization: Emergency Assistance (ARC) Office: Emergency Assistance (ARC)

County: York Hours: Sunday to Saturday 8am to 8 pm

Addresses

Current Address: 987 Blossom DR Sharon, SC 29742-

Mailing Address: 987 Blossom DR Sharon, SC 29742-

Phones

Main: (800) 926-5295 Fax: TTY:

1 of 1

Done

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Start

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Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/callCenter-agency-referrals-action.do

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Disaster Assistance Center

Home Feeds (0) Print Page Tools

DisasterAssistance.gov

ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489 Server: DAC-TDL-CC

Registrant: MR TEST TESTER Registration ID: 15-0269292

Disaster Number: 1305 State: SC

Close Interview

If you have a pen and paper available I would like to give you your registration ID number, it is # 15-0269292. Please have this number and your Social Security Number available whenever you call or write.

You will receive a packet through the mail containing a copy of your application and information regarding other disaster assistance providers. Please keep this for your records. WE ENCOURAGE YOU TO WAIT UNTIL YOU HAVE RECEIVED YOUR PACKET BEFORE CONTACTING US. THIS WILL GIVE YOU AN OPPORTUNITY TO REVIEW YOUR INFORMATION TO SEE IF A CALL IS NECESSARY.

If you need to update your record please call 1-800-621-3362.

For your records my name is \_\_\_\_\_ and my personal identification number is ID# \_\_\_\_\_.

Do you have any questions at this time?

[SERVICE REP:] Our interview is now complete. Please hold a moment while my computer system reviews your application information.

[SERVICE REP:] To continue choose the Save button.

Back Save

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Disaster Assistance Center - Windows Internet Explorer  
 https://iaapps.fematdl.net/DAC/ri/income.do

Disaster Assistance Center

Disaster Assistance  
 ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489  
 Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction Identification Disaster Losses Occupants Financial Conclusion

Financial Registrant: MR TEST TESTER Registration Id: 15-0269292  
 Disaster Number: 1305 State: SC

Financial Information

Application Progress  
 OMB No. 1660-0002, Exp. 5-31-2010

Call Center  
 \* Language (CTL-F2)  
 \* Privacy Act (CTL-F3)  
 \* Summary (Ctl+F5)  
 \* Referrals (F6)  
 \* Comments (F9)  
 \* Save Incomplete (F10)  
 \* End (Alt+F11)  
 \* Cal (CTL-F11)  
 \* Info (F8)  
 \* Help

Help for this page  
 Please provide your household annual gross income, at the time of the disaster, and your choice for electronic funds transfer. Providing us with your pre-disaster annual gross income, reduces the processing time and directs your application to the programs best suited to meet your needs.

\* How many dependents do you have?

Income not Available

\* What is your family's pre-disaster gross income; this includes you and your dependents?  
 Service Representative: Please enter whole dollars only, no dollar sign, no commas, and no decimal point.  [Calculator](#)

\* 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.

Back Delete This Registration Next

Done

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 https://iaapps.fematdl.net/DAC/ri/income.do

Disaster Assistance Center

ACCESS TO DISASTER HELP AND RESOURCES

Server: DAC-TDL-CC

Disaster Assistance Contact Us

Conclusion

Registrant: MR TEST TESTER Registration Id: 15-0269292  
 Disaster Number: 1305 State: SC

Program Referrals  
 OMB No. 1660-0002, Exp. 5-31-2010

Help for this page

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Disaster Assistance Center

Please be aware that Household members cannot apply to receive this assistance separately. Although you have been referred to this program, if another member of the Household is determined to be the Head of Household, you will not be eligible for Hotel Assistance. This program is for 1 member of each household and the appropriate number of hotel rooms will be provided according to the number of members in each household. It is important to note that each hotel room must be in the name of someone identified on the FEMA registration.

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**SBA Home & Personal Property Loan**  
 Because FEMA assistance is limited to emergency home repairs and rent, we are unable to assist with all home repairs, personal property damages, vehicle damage, or moving and storage expenses. We will send a copy of your application to the disaster low interest loan program administered by the Small Business Administration (SBA).  
 The SBA will mail a Home-Personal Property Disaster Loan application to you. Please complete it and return it to them as soon as possible so they can determine if you qualify for a low interest loan to cover your losses. If the SBA does not offer you a loan, your application will be referred back to the Individuals and Households Program (IHP) for possible grant assistance. You will receive a pamphlet titled "Help After a Disaster, Applicant's Guide to the Individuals and Households Program". Please read it carefully; this pamphlet should answer most of your questions and provide additional information about other programs that may be able to assist in your recovery efforts.

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Back Next

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Start | Inboxes - Microso... | NEMIS Version ... | NEMIS Human S... | C:\Documents ... | Disaster Assis... | Call Center RI P... | 11:50

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Disaster Assistance Center

Agency Referrals

- The American Red Cross
- Tax Assistance
- Small Business Administration (SBA)

Add Remove

Available Agencies

- Aging Services
- American Red Cross
- Animal Health & Assistance
- Crisis Counseling
- Disaster Recovery Center (DRC)
- Emergency Services
- Essential Needs
- Food Stamp Program
- Fraud Detection
- National Flood Insurance Program (NFIP)

**Registrant: MR TEST TESTER** **Registration ID: 15-0269292**  
**Disaster Number: 1305 State: SC**

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**Office Information**

<b>Organization</b>	Emergency Assistance (ARC)	<b>Office</b>	Emergency Assistance (ARC)
<b>County</b>	York	<b>Hours</b>	Sunday to Saturday 8am to 8 pm

**Addresses**

**Current Address**  
 987 Blossom DR Sharon, SC 29742-

**Mailing Address**  
 987 Blossom DR Sharon, SC 29742-

**Phones**

<b>Main</b>	<b>Fax</b>	<b>TTY</b>
(800) 926-5295		

<< < 1 of 1 > >>

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Start | Inboxes - Micros... | NEMIS Version ... | NEMIS Human ... | C:\Documents ... | Disaster Assi... | Call Center RI ... | 11:51