

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 No.
--------------------	--------------------	--------------------------

Note:

8. Damaged Property Address	No.	Street	Apt/Lot	City.	State	Zip	County
-----------------------------	-----	--------	---------	-------	-------	-----	--------

9. Mailing Address	No.	Street	Apt/Lot	City.	State	Zip	
<input type="checkbox"/> Same as Damaged Address							

10. Cause of Damage

Flood Sewer/Backup Seepage

Earthquake Fire Ice/Snow Hail/Rain/Wind Driven Rain Tornado Wind Power Surge/Lightning 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 Primary Home Hotel/Motel Family/Friends Mass Shelter Other _____

15. Residence Type: Travel Trailer Mobile Home. Home-Single/Duplex Apt. Condo/Townhouse 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
-----------------------	--	------------	--	------------------------------	---

<p>19. Home/Personal Property Insurance</p> <table style="width:100%;"> <tr> <th style="width:50%;">Insurance Type</th> <th style="width:50%;">Insurance Company Name</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p><input type="checkbox"/> I have no insurance for my home or personal property</p>	Insurance Type	Insurance Company Name							<p>20. Disaster Related Expenses (for uninsured or underinsured expenses)</p> <table style="width:100%;"> <tr> <th style="width:15%;">Expense Type</th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:65%;">IF YES and have insurance, Insurance Company Name</th> </tr> <tr> <td>Medical</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Dental</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Funeral</td> <td> </td> <td> </td> <td> </td> </tr> </table>	Expense Type	YES	NO	IF YES and have insurance, Insurance Company Name	Medical				Dental				Funeral			
Insurance Type	Insurance Company Name																								
Expense Type	YES	NO	IF YES and have insurance, Insurance Company Name																						
Medical																									
Dental																									
Funeral																									

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:	23. Emergency Needs
<input type="checkbox"/> Chainsaw <input type="checkbox"/> Wet/Dry Vac <input type="checkbox"/> Generator <input type="checkbox"/> Dehumidifier	<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? YES NO

If Yes, Select all that apply. Mobility, such as: Wheelchair Walker Cane Lift Bath Chair Personal Care Attendant, etc.

(Select all that apply) Cognitive/Mental Health, such as: Personal care attendant, etc.

Hearing or speech, such as: Hearing aid, sign language interpreter, TDD/TTY, text messaging and/or other accessible communication device Other _____

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 Number (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 <input type="checkbox"/> Income Refused	Institution Name: _____
\$ _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing No. _____ (9 digits)
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	Account No.: _____

30. Social Security Administration's Change of Address Request

When do you want this change to take effect? _____ Make the change effective: _____

31. Comments

31. FEMA Representative

Application/Registration for Disaster Assistance Instructions

1. Enter the last name, first name, and middle initial of the application. 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 e-mail 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 STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, 42 U.S.C. § 5121-5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; C.F.R. § 206.2 (a) (27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325 (d) and §7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed internally within FEMA for a quality control purpose.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 008 Disaster Recovery Assistance Files System of Records (September 24, 2009, 74 FR 48763) and upon written request, by agreement, or as required by law

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance. .

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 19 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.

It is not necessary to complete grayed fields.