

Registration Intake

Public

FEMA Form 009-0-1Int (English)
Internet
OMB Control Number: 1660-0002
Expiration Date: 8/31/2013

DisasterAssistance.gov

THE NATION'S FIRST STOP FOR DISASTER RELIEF

Complete the question and answer below to help protect your personal data from automated attack.

[If you cannot view the image for any reason, please click here to proceed.](#)

Please type the characters appearing in the picture:

Note: You can try no more than three times. This is your first try.

tensky

Submit

Reset

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Version: 2.01.01.00.
Server: DAC-TDL-PU

Contact

File a Claim with BP

Gulf Oil Spill Claims Process

Please do not complete the registration below for oil spill assistance. For more information on oil spill assistance, please click the "Gulf Oil Spill Claims Process" banner located above.

Disaster Assistance Center

[En Español](#)

[In English](#)

For disaster assistance information you may want to read the [Applicant Guide \(requires Adobe Reader\)](#), view information about [Federally Declared Disasters by Calendar Year](#), or review support from other available [Agencies](#).

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

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

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

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

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- Instructions
- Privacy Act
- Isaac Override



Registration Instructions

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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.

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Introduction

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Privacy Act Statement

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FEMA is required by law to provide you with a copy of the Privacy Act 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; 4 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 quality control purposes.

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.

* I accept the Privacy Act

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Identification

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



Personal Identification

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

* Prefix: * First Name: MI: * Last Name: * SSN: - - Email Address: * Date of Birth MM/DD/YYYY: / / [Back](#)[Delete This Registration](#)[Next](#)

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Damaged Dwelling Address

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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. Do not abbreviate street names.

* Street Address:

* City:

* State: * ZIP : ZIP+4 :

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

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 which language would you like to receive letters?

In Care Of :

* Street Address:

* City :

* State : * ZIP : ZIP+4 :

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Damaged Dwelling/Mailing Address Correction



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Please correct the damaged dwelling/mailing address

Submitted Address

This address is exactly as you have entered it; it has not been corrected nor standardized. Select "Use Submitted" to save and continue.

Street Address : 25 NORHT ST

City : SHARON

State : SC ZIP : 29742 ZIP+4 :

[Use Submitted](#)

Corrected Address

This address could not be corrected or it has been modified. Select "Resubmit" to verify the address or select another address.

We were unable to validate the address, no matching street or invalid direction.

Verify the street address including the direction (N, S, E or W).

Street Address :

City :

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Damaged Dwelling County/Parish/Municipio



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Where did the damage occur?

* In what county/parish/municipio did the damage occur? [Back](#)[Delete This Registration](#)[Next](#)



Disaster Selection

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* Select the disaster in which your damage occurred, from the following list. If none of the selections describe your situation, select "None of the disasters above match my situation".

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 type="radio"/>	None of the disasters above match my situation		

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Damage Type

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

- Flood
- Hurricane/Hail/Rain/Wind Driven Rain
- Power Surge/Lightning
- Seepage
- Sewer Backup
- Tornado/Wind

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

- Other damage not listed here

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Damage Type

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* What type of damage occurred? Check all that apply. If "Other", please explain in the box provided.

- Earthquake
- Fire/Smoke/Soot/Ash
- Ice/Snow
- Other Damage

Other Damage Text: [Back](#)[Delete This Registration](#)[Next](#)

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Disaster Related Losses



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How were you affected by the disaster?

* Was your home damaged by the disaster?

YES NO UNKNOWN

* Was any of your personal property not including vehicles damaged by the disaster?

YES NO UNKNOWN

* Have you been without your essential utilities for 5 consecutive days or more?

YES NO

* Were all of the vehicles in your household made undriveable due to the disaster?

YES NO

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Damaged Dwelling

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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.

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Home Insurance



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

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

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Home Insurance



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

Select	Type of Insurance	Insurance Company Name
<input type="checkbox"/>	Contents Only Insurance	<input type="text"/>
<input type="checkbox"/>	Flood Insurance	<input type="text"/>
<input type="checkbox"/>	Homeowners Insurance	<input type="text"/>
<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.	

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Disaster Related Expenses

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Have you incurred uninsured or under-insured expenses as a 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



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Other Insurance

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* You previously told us 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 type="checkbox"/>	Dental Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	Funeral or Burial Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	Health/Medical Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	Medicaid/Title XIX Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	I do not have any insurance listed above		

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Other Insurance

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* You previously told us 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	BCBS	<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		

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Disaster Related Vehicle Damage

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* Were any of the vehicles in your household covered by comprehensive insurance? YES NO

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Vehicles

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

[Add](#)[Edit](#) [Year](#) [Make](#) [Model](#) [Damaged](#) [Drivable](#) [Comprehensive Insurance](#) [Liability Insurance](#) [Registered](#) [Delete](#)[Back](#)[Delete This Registration](#)[Next](#)

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Update Vehicle

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Enter information about each vehicle in the household separately.

* Year

* Make

* Model

* 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?

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Vehicles

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

[Add](#)

Edit	Year	Make	Model	Damaged	Drivable	Comprehensive Insurance	Liability Insurance	Registered	Delete
Edit	2000	FORD	EXPLORER 4WD	Yes	No	No	STATE FARM	Yes	Delete

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Miscellaneous Purchases

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 YES NO

* 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?

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Emergency Needs

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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.

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Special Needs

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* 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

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Special Needs General Categories

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* You have checked "Yes" that you or a household member has a disability that was affected by the disaster. Please choose any of the general categories that apply.

Mobility: YES NO

Cognitive/Developmental Disabilities/Mental Health: YES NO

Hearing or Speech: YES NO

Vision: YES NO

Other: YES NO

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Special Needs Specific Categories

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* Based on the general categories of disability you marked, please now choose any specific categories related to those disabilities that have been affected by the disaster.

Mobility

Wheelchair Walker Cane Lift Bath Chair Personal Care Attendant

Cognitive/Developmental Disabilities/Mental Health

Personal Care Attendant Other (enter text)

Hearing or Speech

Hearing Aid Sign Language Interpreter TDD/TTY Text messaging and/or other communication device

Vision

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

Other

Other (enter text)

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Occupants



Occupants

• Occupants



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Please list all persons living in your home by selecting the "Add" button below. Each person will have to be added separately. Enter 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
	SOUTH	GEORGIA		Registrant	979-77-8978	61	

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Update Occupant

* Occupants

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Enter household occupant information below.

* What is this person's last name?

* What is this person's first name?

What is this person's middle initial?

* What is the relationship you have with this person?

What is this person's Social Security Number?

 - -

What is this person's age?

[Cancel](#)

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[Add](#)

Edit	Last Name	First Name	MI	Relationship	SSN	Age	Delete
	SOUTH	GEORGIA		Registrant	979-77-8978	61	
Edit	SOUTH	NORTH		Co-Reg/Spouse	644-54-5445	62	Delete

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Business Damages

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* Is the household's primary source of income from self-employment? YES NO

* Do you own or represent a business or rental property that was affected by the disaster? YES NO

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Financial Information

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You previously told us that your household's primary source of income is from self employment. Please select from the following EFT option:

* If you are found to be eligible for FEMA assistance, would you like FEMA to electronically transfer funds to your bank account?



There is no charge for this service.

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Financial Information

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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?

* What is your family's pre-disaster gross income; this includes you and your dependents? 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? NO There is no charge for this service.

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Disaster Assistance

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Financial

- Business Damages
- Financial Information
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- Income Verification



Electronic Funds Transfer

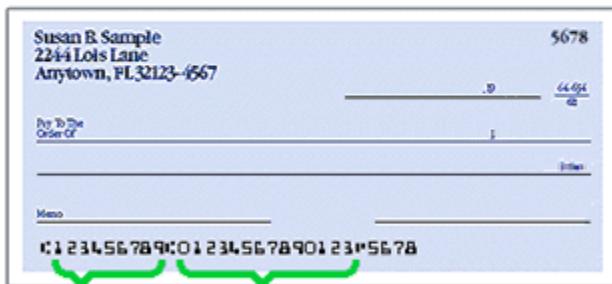
Application Progress



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



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?
- * Confirm the account number.

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Income Verification

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Application Progress



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You previously told us your household income was 15000 dollars. You are required to include social security, unemployment, pensions, disability, welfare, child support, stocks, interest, and/or annuities when determining your annual income. Failure to disclose your total income could result in fines and/or imprisonment. To adjust your income at this time to meet the guidelines you are required to return to the Income page by selecting the Back button or select the 'Financial Information' link located on the left hand side menu.

If this is your correct annual household income select the box below to certify.

* To adjust your income return to the Income page by selecting the Back button or select the 'Financial Information' link located on the left hand side menu.

15000

* I certify this is my total annual income

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Conclusion

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Done! Your Registration is Complete!

You have successfully completed the registration process for FEMA assistance and have been issued registration **ID # 13-0285873** in disaster # **1305**. Please make a note of this number.

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

You may review and print a copy of your registration by selecting [Print Summary](#). You will receive a packet through the mail containing the "Help After a Disaster, Applicant's Guide to the Individuals and Households Program", 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 FEMA. This will give you an opportunity to review your information to see if a call is necessary.

When contacting FEMA, please provide/include your Registration ID Number and your Social Security Number.

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ACCESS TO DISASTER HELP AND RESOURCES

Disaster Assistance

Conclusion



What to Expect

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Assistance	Next Steps
FEMA Individual Assistance Program	<p>You are being referred to FEMA's Individuals and Households Program (IHP) for possible assistance.</p> <p>A FEMA inspector will contact you within 10-14 days of registration to verify your disaster related damage. Within 10-days following your FEMA inspection you will be notified by mail of your eligibility status.</p> <p>View More Information About the FEMA Individual Assistance Program</p>
SBA Home & Personal Property Loan Assistance Program	<p>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).</p> <p>View more about SBA Home-Personal Property Disaster Assistance.</p>
FEMA Individuals and Households Assistance Program ((M/D/F/other miscellaneous)	<p>FEMA's Individual and Households Program may help you with your medical, dental, funeral, or other miscellaneous expenses.</p> <p>View more information on medical, dental, funeral, or other miscellaneous expenses Assistance Program.</p>
Small Business Administration (SBA)	<p>FEMA will forward a copy of your application to the Small Business Administration.</p> <p>They will contact you regarding additional assistance.</p> <p>View More Information About SBA Disaster Loan</p>

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Assistance Activities

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Based on the information you have provided you may be eligible for assistance from one or more of the following agencies or organizations. Please read each description for a brief explanation of the services available.

If you did not complete the questionnaire or would like to take the questionnaire again, please select [here](#).

Assistance Actions	Description	Status
Disaster Assistance Application	Application to receive disaster assistance from FEMA.	Submitted
Check Your FEMA Application Status Online	View the current status of your FEMA Application.	
View Conclusion	View Conclusion Activity	
View Next	View What is Next Activity	
View Other Agencies That Can Offer Assistance	View a list of agencies that can offer additional help.	
Disaster Loan Application	As a homeowner, renter and/or personal-property owner, you may apply to the Small Business Administration (SBA) for a low interest loan to assist you in your disaster recovery efforts.	Not Submitted
Locate FEMA Housing	View FEMA Housing for individuals displaced by a disaster.	Not Reviewed
Disaster Recovery Center (DRC) Locator	The Disaster Recovery Center (DRC) Locator allows individuals to search for DRCs nearest to their location.	Not Reviewed

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Other Agencies That May Be of Assistance to You

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This page displays contact information for non-FEMA agencies that may be able to provide you with additional assistance.

Agency:	Description
Aging Services	Services are available to meet the demands of the elderly who have been directly affected by a declared disaster (i.e., transportation, meals, home care, etc.).
American Red Cross	The American Red Cross (ARC) may provide emergency assistance to individuals and families having emergency food, clothing, shelter and medical needs as a result of a disaster.
American Red Cross	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 .
Animal Health & Assistance	Services are available to meet the needs of animals affected by a declared disaster.
Crisis Counseling	Referral services and short-term intervention counseling is available for mental health problems caused or aggravated by the disaster.
Disaster Recovery Center (DRC)	If you would like more information about the programs you have been referred to or require further assistance, a Disaster Recovery Center (DRC) may be open in your area. Recovery specialists are available to answer questions and offer information on specific federal and state recovery programs.
Emergency Services	The American Red Cross (ARC), the Salvation Army, church groups and other voluntary organizations