

Registration Intake

Public

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



Disaster Assistance.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

https://staging.disasterassistance.gov/DAC/IsaacReceiver.do

File Edit View Favorites Tools Help

Links DOC DAC-Prod-Admin Jade Reports TDL Life Quotes and Sayings Employee Resources Home

Convert Select

zip code for Sharon sc - Goo... Disaster Assistance Center

Home Feeds (3) Print Page



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.

Instructions

- Instructions
- Privacy Act
- Isaac Override



Registration Instructions

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

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.

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

Instructions

- [Instructions](#)
- [Privacy Act](#)
- [Isaac Override](#)

**Privacy Act Statement****Application Progress**

OMB No. 1660-0002, Exp. 8-31-2013

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**

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

Disaster Assistance

Contact

- Introduction
- Identification

Identification



Personal Identification

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

Help for this page

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: / /

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

Back

Delete This Registration

Next

Disaster Assistance

Conta

Introduction | Identification

Identification

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



Contact Phone Numbers

[Help for this page](#)

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

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

	Area Code	Phone Number	Ext.	Note
*Damaged Dwelling Phone:	(<input type="text"/>)	<input type="text"/> - <input type="text"/>		
<input type="checkbox"/> My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.				
*Current Phone:	(<input type="text"/>)	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone:	(<input type="text"/>)	<input type="text"/> - <input type="text"/>		
Alternate Phone:	(<input type="text"/>)	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

Back

Delete This Registration

Next

Identification

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



Damaged Dwelling Address

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[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. 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:

Identification

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



Damaged Dwelling/Mailing Address Correction

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

Help for this page

Please correct the damaged dwelling/mailling 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 :

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 :

Identification

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



Damaged Dwelling County/Parish/Municipio

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

Where did the damage occur?

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

Back

Delete This Registration

Next



Disaster Selection

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013


Help for this page

* 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		

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

 **Damage Type**

Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

* Loss Date:

* 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

[Back](#)

[Delete This Registration](#)

[Next](#)



Damage Type

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)* Loss Date:

* 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](#)

Disaster Assistance

- Introduction
- Identification
- Disaster
- Losses

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



Disaster Related Losses

[Help for this page](#)

How were you affected by the disaster?

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

Application Progress

●●●●●●●●●●●●●●●●●●●●

OMB No. 1660-0002, Exp. 8-31-2013

[Back](#)

[Delete This Registration](#)

[Next](#)

Losses

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



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](#)

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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



Home Insurance

Application Progress

●●●●●●●●●●●●●●●●

OMB No. 1660-0002, Exp. 8-31-2013

Help for this page

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

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

Back

Delete This Registration

Next

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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



Home Insurance

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

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

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

[Back](#)

[Delete This Registration](#)

[Next](#)

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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



Disaster Related Expenses

[Help for this page](#)

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

- * Do you have **MEDICAL** expenses 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

Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

[Back](#)

[Delete This Registration](#)

[Next](#)

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



Other Insurance

Application Progress

●●●●●●●●●●●●●●●●

OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

* 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		

Back

Delete This Registration

Next

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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



Other Insurance

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

* 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	<input type="text" value="BCBS"/>	<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		

[Back](#)

[Delete This Registration](#)

[Next](#)

Disaster Assistance

- Introduction
- Identification
- Disaster
- Losses**

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



Disaster Related Vehicle Damage

[Help for this page](#)

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

[Back](#)

[Delete This Registration](#)

[Next](#)

Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

Disaster Assistance

Contact

- Introduction Identification Disaster Losses

Losses

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



Vehicles

Help for this page

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

Add

Table with columns: Edit, Year, Make, Model, Damaged, Drivable, Comprehensive Insurance, Liability Insurance, Registered, Delete

Back

Delete This Registration

Next

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013


Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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



Update Vehicle

Help for this page

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?


* Is this vehicle covered by liability insurance?

* Is this vehicle currently registered?

What is the insurance company name?

What is the insurance company name?

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

Back

Delete This Registration

Save

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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



Vehicles

Help for this page

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

Add

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

Back

Delete This Registration

Next

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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



Miscellaneous Purchases

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

Application Progress

12 progress indicators (10 blue, 2 grey)

OMB No. 1660-0002, Exp. 8-31-2013

Back

Delete This Registration

Next

Losses

- [Losses](#)
- [Dwelling](#)
- [Home Insurance](#)
- [Expenses](#)
- [Other Insurance](#)
- [Vehicle Damages](#)
- [Vehicles](#)
- [Misc Purchases](#)
- **Emergency Needs**
- [Special Needs](#)

**Emergency Needs** [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](#)

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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



Special Needs

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

Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

Disaster Assistance

Contact

- 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 General Categories

Application Progress

12 progress indicators (10 blue, 2 grey)

OMB No. 1660-0002, Exp. 8-31-2013

Help for this page

* 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

Back

Delete This Registration

Next

Losses

- [Losses](#)
- [Dwelling](#)
- [Home Insurance](#)
- [Expenses](#)
- [Other Insurance](#)
- [Vehicle Damages](#)
- [Vehicles](#)
- [Misc Purchases](#)
- [Emergency Needs](#)
- [Special Needs](#)
- [Special Needs General](#)
- [Special Needs Specific](#)



Special Needs Specific Categories

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

* 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)

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

Occupants



Occupants

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

- Occupants

[Help for this page](#)

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

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

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses
- Occupants

Occupants

• Occupants



Update Occupant

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

Enter household occupant information below.

* What is this person's last name?

SOUTH

* What is this person's first name?

What is this person's middle initial?

* What is the relationship you have with this person?

What is this person's Social Security Number?

- -

What is this person's age?

Cancel

Delete This Registration

Save

Occupants



Occupants

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

• Occupants

[Help for this page](#)

Please list all persons living in your home by selecting the "Add" button below. Each person will have to be added separately. 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	
Edit	SOUTH	NORTH		Co-Reg/Spouse	644-54-5445	62	Delete

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

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses
- Occupants
- Financial

Financial

- Business Damages
- Financial Information



Business Damages

Application Progress

12 blue circles, 2 grey circles

OMB No. 1660-0002, Exp. 8-31-2013

[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](#)

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses
- Occupants
- Financial**

Financial

- Business Damages
- Financial Information**



Financial Information

[Help for this page](#)

Application Progress

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.

[Back](#)

[Delete This Registration](#)

[Next](#)

Financial

- Business Damages
- Financial Information
- Income Verification



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.

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

* 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?

There is no charge for this service.

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

Financial

- Business Damages
- Financial Information
- Income Verification



Income Verification

[Help for this page](#)

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013


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.

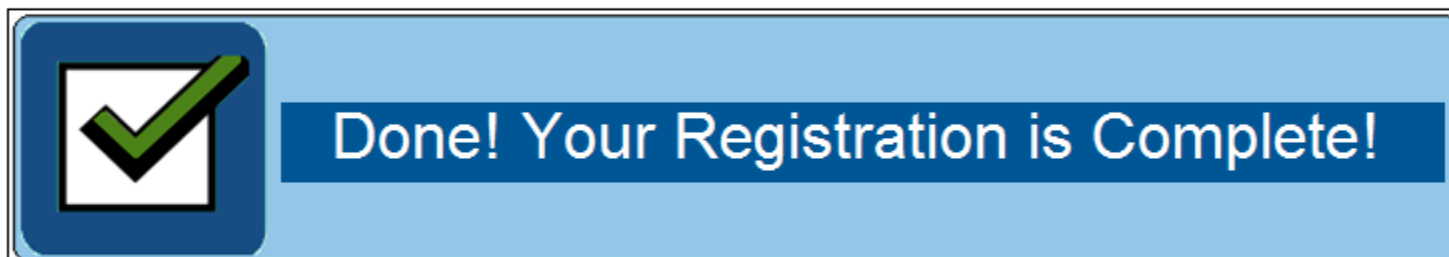
* To adjust your income return to the Income page by selecting the Back button or select the 'Financial Information' link located on the left hand side menu.

* I certify this is my total annual income

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

 **Conclusion**

OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

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.

[Continue](#)



What to Expect

OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

Assistance

FEMA Individual Assistance Program

Next Steps

You are being referred to FEMA's Individuals and Households Program (IHP) for possible assistance.

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.

[View More Information About the FEMA Individual Assistance Program](#)

SBA Home & Personal Property Loan Assistance Program

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 \(SBA\)](#).

[View more about SBA Home-Personal Property Disaster Assistance.](#)

FEMA Individuals and Households Assistance Program ((M/D/F/other miscellaneous)

FEMA's Individual and Households Program may help you with your medical, dental, funeral, or other miscellaneous expenses.

[View more information on medical, dental, funeral, or other miscellaneous expenses Assistance Program.](#)

Small Business Administration (SBA)

FEMA will forward a copy of your application to the Small Business Administration.

They will contact you regarding additional assistance.

[View More Information About SBA Disaster Loan](#)

Registration Id: 13-0285873

Disaster Number: 1305



Assistance Activities

[Help for this page](#)

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

Registration Id: 13-0285873
 Disaster Number: 1305



Other Agencies That May Be of Assistance to You

[Help for this page](#)

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