Instructions for Completing Your Application for Continued Temporary Housing Assistance

Please read these instructions prior to filling out your "Application for Continued Temporary Housing Assistance".

STEP ONE Fill out the form. **NOTE**: After your initial "Application for Continued Temporary Housing Assistance" is approved, the "Pre-Disaster or Prior Reported" column on the form will be auto-generated for you, using the information provided by you in your previously approved request.

Items 1 - 6

Items 1 through 6 will be auto-generated for you, using the information provided by you at registration. If the information supplied on the form is correct, you may move on to Item 7: "Housing Costs." However, if the information is incorrect, please check the box that is incorrect and provide the updated information.

<u>Current Mailing Address</u> is the address you want FEMA to send you disaster assistance information, such as letters regarding your eligibility for continued temporary housing assistance.

<u>Current Phone</u> is the phone number that FEMA can use to contact you about your application for continued temporary housing assistance and other disaster assistance.

Item 7

You will need to supply the monetary amount of both pre-disaster and current expenses that are applicable to your household.

Next to the appropriate "Expense" enter the dollar amount of your bill or payment.

You must submit a copy of the document to prove the dollar amount included as a "Housing Cost." Shade in the circle next to the "Expense" indicating that you have attached the document to your application. You must submit documentation that can be validated; otherwise the amount will not be accepted.

To ensure proper calculation and evaluation of your Housing Costs, please shade in the oval indicating how you are billed for the housing expense. See example below:

7. Housing Costs (See Instructions for Definitions of Expenses)									
	Pre Disaster	Current	Shade if document is attached	Payment Cycle (How You Are Billed)					
Expense	or Prior Report			Monthly (1)	Quarterly (3)	Bi-Annual (6)	Annual (12)	Other	
Mortgage	\$1495.00	\$1495.00	•		0	0	0	0	

Definitions for certain expenses have been provided below.

<u>Home Insurance</u> means typical homeowners, renters, flood, or earthquake insurance policy or any other type of insurance policy or rider for the dwelling.

<u>Housing Cost:</u> means the rent and/or mortgage payments (including principal, interest, and real estate taxes), real property insurance, and utility costs (not to include cable television, internet, and telephone service).

<u>Housing Unit</u>: means a house, apartment, hotel, motel, a manufactured home, recreational vehicle, or other readily fabricated dwelling. A room or group of rooms in an occupied dwelling may qualify as a housing unit if the room(s) in which the applicant and household live are separate from any other persons in the dwelling/building, and are generally available to be rented by the public.

Item 8

If you are in a Housing Unit, in addition to providing a copy of your lease, you will have to provide the name and phone number of the landlord.

Item 9

You will need to supply the pre-disaster and current income information for each individual 18 years of age or older who is residing at your current temporary residence.

You must submit documentation to validate any amount you supplied on the form and you will also need to provide the frequency at which the individual is paid by his or her employer. In the pay cycle box, please shade in the circle that is applicable.

To ensure proper calculation and evaluation of your Household's Income, please shade in the oval indicating how often you are paid. If you have more than one job, please list yourself separately for each job.

If your Pay Cycle is not listed, please shade in the oval for "Other." FEMA will recalculate the income to a Monthly cycle. See example below:

9. Income Informations for Persons 18 years of Age Older Residing in Current Temporary Residence									
	Gross Income		Shade	Payment Cycle (How You Are Billed)					
Name	Pre Disaster or Prior Report	Current	if document is attached	Monthly (1)	Quarterly (3)	Bi-Annual (6)	Annual (12)	Other	
Manie Quin	\$3578.00	\$3578.00	•	0	•	0	0	0	

<u>Income means</u>: 1) Wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services; 2) Interest, dividends and other net income of any kind from real or personal property; 3) Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount; 4) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay; and 5) Welfare assistance.

Item 10

You will need to check whichever box is applicable to your pre-disaster housing situation and your post-disaster housing plan. If you plan on moving in with your friends/family, you must supply your projected move in date.

Item 11

Please read this section thoroughly. **NOTE**: All of the bullet points may not be applicable to your household situation. However, in order to be eligible for Continued Temporary Housing Assistance, the information contained in those bullet points that **are** applicable to your household situation must be true and accurate. If the information is not true to your situation, then you are not eligible for Continued Temporary Housing Assistance and will not need to fill out this form.

Item 12

Once you have reviewed the form for accuracy, you will need to read the declarations statement and sign and date the form. When signing the form, please use blue or black ink.

<u>STEP TWO</u> Attach supporting documentation to application.

<u>STEP THREE</u> Submit the application and your supporting documents to FEMA.

QUESTIONS OR NEED ASSISTANCE?

If you have any questions about completing this document, you should call the FEMA Disaster Help line at 1-800-621-FEMA (3362)

(hearing/speech impaired only: 1-800-462-7585) as soon as possible.

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY INDIVIDUALS AND HOUSING PROGRAM APPLICATION FOR CONTINUED TEMPORARY HOUSING ASSISTANCE

OMB 1660-0061 MM/YYYY

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1 hour 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 this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on 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, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0061) **NOTE: Do not send your completed form to this address**

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: Furnishing this information is voluntary; however, failure to furnish the requested may delay or prevent the individual from receiving disaster assistance.

1. APPLICANT NAME			2. DISASTER NO.
3. CURRENT MAILING ADDR	ESS		4. REGISTRATION NO
5. CURRENT PHONE		6. ALTERNATE PHONE	
CHECK HERE IF CURREN	NT MAILING ADDRESS IS DIFFERENT AND PROVIDE NEW		RENT PHONE IS DIFFERENT AND BER BELOW:

IMPORTANT NOTICE: Requirements for Applying for Continued Assistance. In order for FEMA to effectively evaluate a continuing need for temporary housing, it is necessary that we have you submit documentation on your pre-disaster and current housing costs, pre-disaster and current income and verifiable documentation of income, recovery strategy, current lease/cancelled checks, and mortgage payment information.

7. Housing Costs (See Instructions for Definitions of Expenses)

Expense	Pre Disaster or Prior Report	Current	Shade if document is attached	Payment Cycle (How You Are Billed)					
				Monthly (1)	Quarterly (3)	Bi-Annual (6)	Annual (12)	Other	
Mortgage] 0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Real Estate Taxes (If paid separately from Mortgage)] 0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Home Insurance (If paid separately from Mortgage)] 0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	
Rent for Housing Unit] 0	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc	
Water] 0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Electric] 0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Gas] 0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Oil] 0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Propane				\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Sewer			j o	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Trash] 0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Other 1:			0	0	0	0	0	0	

8. Current Landlord Contact Information	: NAME			P	HONE NUME	BER		
9. Income Information for Persons 18 ye	ears of Age Olde	er Residing in	Current Tempo	orary Resid	ence			
	Gross I	ncome	Shade box		Payment Cyc	cle (How You	Are Billed)
Name	Pre Disaster or Prior Report	Current	document is attached	Monthly (1)	Quarterly (3)	Bi-Annual (6)	Annual (12)	Other
			0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
			0	\bigcirc	\bigcirc	\bigcirc	0	0
			0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
				\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc
				\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
10. Permanent Housing Plan - (Recov	very Strategy)							
I am a RENTER and my permanent ho	ousing plan is to:							
Locate a rental resource within my	y family's financial	ability						
Move in with friends/family	Projected Move I	n Date						
I am a HOMEOWNER and my perman								
Repair or rebuild my damaged ho		0.10.						
Purchase a home using my disast		nco includina o	ny insuranco					
		-	-					
Become a renter and locate a rent	tai resource within							
Move in with friends/family	Projected Move In	n Date						
11. Conditions for Receiving Continued	Temporary Hou	using Assistan	се					
My household understands that in order and accurate:	to be eligible fo	r continued Te	emporary Hous	ing Assista	nce, the foll	owing inforr	mation mu	ist be true
 My household has a continuous need f source, i.e., my household is not receivin Urban Development, U.S. Department o 	ng housing assis	stance from ar	nother public ag	gency such	as the U.S.	Departmer	nt of Hous	ing and
My household does not own a seconda	ary home or a va	acation home	within a reason	able comm	uting distan	ce of our pr	e-disaste	r home.
• My household cannot live in and/or acc	cess our pre-dis	aster primary	home due to th	e disaster.				
My household has looked and is contin commuting distance of work and/or scho				rnative, ad	equate hom	e that is wit	hin reasor	nable
.• My household has been and is current rebuild their pre-disaster primary home).		pair our pre-di	isaster primary	home (App	licable only	for those w	ho have o	hosen to
If any of the above statements are no Assistance and do not need to submi	•	ituation, then	ı you are not e	ligible for	Continued	Temporary	/ Housinç	J
12. CERTIFICATION I understand that	if I intentional	ly make false	statements, s	submit frau	ıdulent info	ormation, o	r conceal	l any
information in an attempt to obtain ac criminal and civil penalties, including	ditional disast	er assistance	e, it is a violati					
I hereby declare under penalty of perj	jury that the fo	regoing is tru	e and correct.					
]			
Head of Household (Applicant/Co-Appli	cant) Signature		Date		L			