

## 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.

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

Current Phone 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)								
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	\$1495.00	\$1495.00	●	●	○	○	○	○

**Definitions for certain expenses have been provided below.**

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

**Housing Cost: 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).**

**Housing Unit: 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								
Name	Gross Income		Shade if document is attached	Payment Cycle (How You Are Billed)				
	Pre Disaster or Prior Report	Current		Monthly (1)	Quarterly (3)	Bi-Annual (6)	Annual (12)	Other
Manie Quin	\$3578.00	\$3578.00	●	○	●	○	○	○

***Income means:*** 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.

**STEP TWO** Attach supporting documentation to application.

**STEP THREE** 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**

OMB 1660-0061  
 MM/YYYY

**APPLICATION FOR CONTINUED TEMPORARY HOUSING ASSISTANCE**

**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	<input type="text"/>	2. DISASTER NO.	<input type="text"/>
3. CURRENT MAILING ADDRESS	<input type="text"/>	4. REGISTRATION NO.	<input type="text"/>
5. CURRENT PHONE	<input type="text"/>	6. ALTERNATE PHONE	<input type="text"/>

CHECK HERE IF CURRENT MAILING ADDRESS IS DIFFERENT AND PROVIDE NEW ADDRESS BELOW:

CHECK HERE IF CURRENT PHONE IS DIFFERENT AND PROVIDE NEW NUMBER BELOW:

<input type="text"/>	<input type="text"/>
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**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	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Real Estate Taxes (If paid separately from Mortgage)	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Insurance (If paid separately from Mortgage)	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rent for Housing Unit	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electric	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gas	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Propane	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sewer	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trash	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 1:	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Current Landlord Contact Information: NAME  PHONE NUMBER

9. Income Information for Persons 18 years of Age Older Residing in Current Temporary Residence

Name	Gross Income		Shade box document is attached	Payment Cycle (How You Are Billed)				
	Pre Disaster or Prior Report	Current		Monthly (1)	Quarterly (3)	Bi-Annual (6)	Annual (12)	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Permanent Housing Plan - (Recovery Strategy)

- I am a RENTER and my permanent housing plan is to:
  - Locate a rental resource within my family's financial ability
  - Move in with friends/family      Projected Move In Date
- I am a HOMEOWNER and my permanent housing plan is to:
  - Repair or rebuild my damaged home
  - Purchase a home using my disaster related assistance, including any insurance
  - Become a renter and locate a rental resource within my family's financial ability
  - Move in with friends/family      Projected Move In Date

11. Conditions for Receiving Continued Temporary Housing Assistance

My household understands that in order to be eligible for continued Temporary Housing Assistance, the following information must be true and accurate:

- My household has a continuous need for Temporary Housing Assistance because our housing needs are not being met by another source, i.e., my household is not receiving housing assistance from another public agency such as the U.S. Department of Housing and Urban Development, U.S. Department of Veterans Affairs, a local housing agency, or any other agency or organization providing housing.
- My household does not own a secondary home or a vacation home within a reasonable commuting distance of our pre-disaster home.
- My household cannot live in and/or access our pre-disaster primary home due to the disaster.
- My household has looked and is continuing to look for but has not yet found an alternative, adequate home that is within reasonable commuting distance of work and/or school and is within our financial means.
- My household has been and is currently working to repair our pre-disaster primary home (Applicable only for those who have chosen to rebuild their pre-disaster primary home).

**If any of the above statements are not true to your situation, then you are not eligible for Continued Temporary Housing Assistance and do not need to submit this form.**

**12. CERTIFICATION I understand that if I intentionally make false statements, submit fraudulent information, or conceal any information in an attempt to obtain additional disaster assistance, it is a violation of federal and state laws, which carries criminal and civil penalties, including fines, imprisonment, or both.**

**I hereby declare under penalty of perjury that the foregoing is true and correct.**

Head of Household (Applicant/Co-Applicant) Signature

Date