

Registration Intake

RIOS

FEMA Form 009-0-015

(English)

OMB Control Number: 1660-0002

Expiration Date: 8/31/2013

DisasterAssistance.gov Mobile Version

If you are having trouble accessing the registration form, please make sure your browser has cookies and javascript enabled.

If you experience problems we recommend you apply for assistance using a desktop or laptop computer or by calling 1-800-621-3362. You may wish to write down this number for future reference.

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[En Español](#)

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DisasterAssistance.gov Mobile Version

For Gulf Coast Oil Spill Assistance, please visit our full Web site.

Apply for Disaster Assistance

Select "Start Registration" below to apply for FEMA assistance using the mobile version of this application.

[Start Registration](#)

Check Your Application Status

To create an account, check the status of an existing application, or update an application, please exit the DAC mobile site and visit the full www.disasterassistance.gov webs selecting "Use Full Site" below.

[Use Full Site](#)

[Contact Us](#)

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

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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.

For technical problems with this site, please contact FEMA's Technical Helpdesk at 1-800-745-0243 or (TTY) 1-800-462-7585 for the Deaf and Hard of Hearing.

You will need the following information to complete the registration:

Social Security Number

You will be asked to provide your social security number; if you do not have a social security number, your household may still be eligible to receive assistance if there is a minor child in the household who is a U.S. Citizen, Non-Citizen National, or Qualified Alien with a social security number.

(NOTE: If you, your spouse or a minor child in the household are a U.S. Citizen, Non-Citizen National, or a Qualified Alien and **do not** have a social security number, FEMA will not be able to complete a registration. The Social Security number is required for Identity Verification purposes.)

If you are registering for a business, enter the social security number of the responsible party for the business, the social security number will be used for an identifier only.

If you are in need of further explanation/information call FEMA Helpline at (1-800-621-3362).

Insurance information

You will be asked to identify the type(s) of insurance coverage you have.

https://staging.disasterassistance.gov/DAC/ri/newReg.do

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Registration Instructions

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 009-0-1

Public reporting burden for this data collection 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 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 (1660-0002) NOTE: Do not send your completed form to

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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https://staging.disasterassistance.gov/DAC/ri/privacyAct.do

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Privacy Act Statement

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; 42 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 12811. 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 federally-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.

CLOSURE: 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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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:

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Contact Phone Numbers

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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.

*Damaged Dwelling Phone:

() -

My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.

*Current Phone:

() -

Cell Phone:

() -

Alternate Phone:

() -

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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 Care of:

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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?

YORK

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Disaster Selection

* 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".

HURRICANE GRETCHEN TEST 11-2-04 BB - 1305

10/29/2005 - 11/15/2005

None of the disasters above match my situation

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Damage Type

* Loss Date:

10/29/2005

* 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

* Loss Date:

10/29/2005

* 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:

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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 undrivable 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.

Home Insurance

[Help for this page](#)

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

Contents Only Insurance

Insurance Company Name

Flood Insurance

Insurance Company Name

Homeowners Insurance

Insurance Company Name

Homeowners Insurance with a Sewer Backup Rider

Insurance Company Name

Mobile Home Insurance

Insurance Company Name

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?

Dental Insurance

Company Name

Provide Another Company Name

Funeral or Burial Insurance

Company Name

Provide Another Company Name

Health/Medical Insurance

Company Name

Provide Another Company Name

Medicaid/Title XIX Insurance

Company Name

Provide Another Company Name

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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.

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Update Vehicle

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Enter information about each vehicle in the household separately.

* Year

* Vehicle

* 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?

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.

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2004 FORD EXPLOREER

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Miscellaneous Purchases

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* 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

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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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Browser navigation bar showing address: <https://staging.disasterassistance.gov/DAC/ri/essentialNeeds.do>. Includes menu items: File, Edit, View, Favorites, Tools, Help. Search bar with Google. Links: DOC, DAC-Prod-Admin, Jade, Reports, TDL, Life Quotes and Sayings, Employee Resources Home. Utility icons: Home, Feeds (3), Print, Page.

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

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

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 | Delete |
|------|-----------|------------|--------|
| | STATE | TALL | |

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Update Occupant

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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

Save

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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 | Delete |
|------|-----------|------------|--------|
| | STATE | TALL | |
| Edit | STATE | BEAR | 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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Electronic Funds Transfer

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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:

| | |
|--|-------------|
| Susan B. Sample 2244 Lois Lane Arnytown, FL 32123-4567 | 5678 |
| Pay To The Order Of | \$ 4,694.12 |
| Memo | |
| ⑆ 1234567890123456789012345678 | |

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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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?
There is no charge for this service.

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Income Verification

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You previously told us your household income was 12000 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

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Correspondence Preferences

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In order to keep you informed about the status of your application, FEMA provides several forms of communication, including traditional postal mail service, or the ability to view online. In addition to postal mail or viewing online, you may also receive application status notifications via SMS text messages to your mobile phone.

Would you prefer to receive correspondence via traditional postal mail or E-Mail notification?

- Postal Mail
 E-Mail

Would you like to receive additional status notifications via SMS text message?

- YES
 NO

In which language would you like to receive correspondence?

- English
 Spanish

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Electronic Correspondence Summary

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You have selected to receive notification of new correspondence from FEMA via E-mail. All FEMA communications will be posted to a Disaster Assistance Center (DAC) account for you. You will have to create your DAC account at the end of registration in order to view or print the correspondence via the DAC Applicant Inquiry (AI) Correspondence page. You will not receive any communication by standard postal mail.

Please provide your E-mail address:

Email Address:

Verify Email Address:

If you do not receive an e-mail from FEMA within the next 7-10 days, please call the FEMA Helpline at 800-621-3362 to have your e-mail address confirmed. Please be sure to check your spam mailbox and add FEMA to your safe list to ensure that you receive all correspondence.

An Applicant's Guide will be available in PDF format for you to view and print from your DAC- AI account.

Applicants are responsible for viewing all correspondence from FEMA. You may change your correspondence preference at anytime by calling the FEMA Helpline or logging into your DAC-AI account and selecting "preferences" from the Correspondence page.

Do you agree to the terms of Electronic Correspondence?

- Yes, I agree to the terms.
- No, I would like to receive traditional postal mail.

Continue

SMS Correspondence Summary

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Since you indicated that you want to receive SMS text message updates from FEMA, please provide us with your mobile phone number. If you previously entered your mobile phone number, please select it from the list below, otherwise, please enter and confirm your mobile phone number. Standard text message rates apply.

Mobile Phone Number (previously entered):

— OR —

Mobile Phone Number: -

Verify Mobile Phone Number: -

Please note that SMS text messages serve as courtesy updates on your application status and do not replace official FEMA correspondence that you will receive via postal mail or E-mail notification. Applicants are responsible for viewing all correspondence from FEMA. You may opt-out of receiving text messages at anytime by calling the FEMA Helpline at 800-621-3362 or logging into your Disaster Assistance Center-Applicant Inquiry account and selecting "preferences" from the Correspondence page.

Do you agree to the terms of SMS text messaging?

- Yes, I agree to the terms of SMS text messaging and want to receive status notifications.
- No, I do not agree to the terms of SMS text messaging. I understand I will not receive status notifications.

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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 # **13-0285882** 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 on the standard website. 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.

What to Expect

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Assistance

FEMA Individual Assistance Program

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](#)

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.](#)

Select "**Continue**" to View Other Disaster Recovery Resources

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https://staging.disasterassistance.gov/DAC/ri/otherResources.do

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Resources

To create an account, or check the status of your application, or update your information, please exit the DAC mobile site and visit the full DAC website at www.disasterassistance.gov website.

If FEMA has requested information from you in writing, you may send it to the address or fax number listed below. Please include your name, social security number, and Registration ID number on all correspondence:

FEMA
P.O. Box 10055
Hyattsville, MD 20782-8055
Fax: (800) 827-8112

If you have program questions regarding an eligibility determination, type or amount of assistance, you may call the FEMA Helpline number listed below for assistance. Please have your Registration ID number available when calling.

(800) 621-3362 or (TTY) (800) 462-7585

Other Disaster Recovery Resources:

[American Red Cross](#)
[Department of Homeland Security](#)
[DisasterHelp.gov](#)
[FEMA:The Disaster Assistance Process for Individuals](#)
[Small Business Administration](#)
[DisasterAssistance.gov](#)