

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**REQUEST FOR HOUSING ACCOMMODATIONS**

O.M.B. No. 1660-0029  
 Expires March 31, 2014

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 6 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, 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 it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0029). **NOTE: Do not send your completed survey to the above address.**

**PRIVACY ACT STATEMENT**

**Authority:** Public Law 93-498, 15 U.S.C.A. 2206, 5 Up. So. CA. 301, 44 Up. So. CA. 3101, 50 Up. So. CA.Ape. 2253, E.O. 12127 and E.O. 12148.

**Purpose:** This information is being collected for the primary purpose of assigning housing and/or training space at the National Emergency Training Center.

**Routine Uses:** 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 - 011 Training and Exercise Programs System of Records System of Records Notice (April 6, 2011, 76 FR 19107) 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 result in the inability to assign/obtain housing and/or training space. Information such as gender is necessary because the accommodations are of dormitory type and it is required to separate individuals by gender. Information will only be released as permitted by law.

**STATUS**

FEMA Employee     Contract Instructor     Contractor     Other Specify \_\_\_\_\_

\* Must present a copy of travel authorization or invitational travel, if applicable, at the time of registration.

DATE OF ARRIVAL	DATE OF DEPARTURE	NAME OF INDIVIDUAL REQUESTING HOUSING
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PURPOSE OF VISIT

**IT IS REQUESTED THAT THE FOLLOWING PEOPLE BE PROVIDED HOUSING AT NETC**

NAME OF INDIVIDUAL	PERSONAL IDENTIFICATION NUMBER	PURCHASE ORDER NUMBER (if any)	GENDER (M/F)	HANDICAPPED (Y/N)

SPECIAL ACCOMMODATIONS NEEDED

I certify that the housing requested above is accordance with FEMA Instructions covering housing policy will be paid with a NETC fee schedule at NETC.      SIGNATURE (Individual Requesting Housing)

APPROVED  YES  NO      SIGNATURE (NETC Program Office Head or Official Designee)      SIGNATURE (Director, NETC Management and Operations designee)

BILLING INFORMATION USE ONLY       Exempt for payment       Must pay prevailing rate  
 Housing included in cost       Housing not included in cost