

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

DIRECT ASSISTANCE RECERTIFICATION WORKSHEET

OMB No.: 1660-NEW
Expiration Date: XX-XX-XXXX

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. 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, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-NEW). **Please do not send your completed survey to the above address.**

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5174 and Title 44 C.F.R. Part 206.117.
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of advising FEMA Individual Assistance applicants of the requirements to occupy temporary housing units, of the requirements for final sales of the unit if FEMA offers a sale program for its temporary housing units as part of its direct housing program under a Presidentially-declared disaster.
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, 78 Fed. Reg. 25282 (Apr. 30, 2013), 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 the requested disaster-related temporary housing assistance.

1. DISASTER #:		2. APPLICANT NAME:			3. REGISTRATION #:				
4. PRE-DISASTER HOUSING STATUS: <input type="checkbox"/> OWNER <input type="checkbox"/> RENTER		5. ADDRESS OF UNIT:			6. # OF BEDROOMS IN UNIT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
7. PARK/SITE NAME:					8. CURRENT PHONE #:				
9. LEASE/MOVE-IN DATE:		9a. TARGET MOVE-OUT DATE:		10. LOT #:		11. SITE CONTROL #:			
12. SITE TYPE: <input type="checkbox"/> PS <input type="checkbox"/> CS <input type="checkbox"/> GS <input type="checkbox"/> Oth <input type="checkbox"/> MLRP <input type="checkbox"/> DL				13. RECERTIFICATION DATE:		14. LOT TYPE:			
15. VIN # (Applicable to MHU):		16. BARCODE # (Applicable to MHU):		17. RECERTIFICATION VISIT #:		17a. DATE OF LAST RECERT VISIT:			
18. Persons Living in Unit				AUTH		19. Household Income of all Applicants 18 Years of Age or Older			
NAME	REL	SEX	AGE	YES	NO	a. PRE-DISASTER INCOME	Initials	b. POST-DISASTER INCOME	Initials
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				

20. HH BEDROOM REQUIREMENT: _____	21. FMR FOR COUNTY OF DAMAGED DWELLING: _____
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22. HOUSING COSTS (OWNERS)

*Pre-Disaster Mortgage: _____	*Post-Disaster Mortgage: _____
Pre-Disaster Utilities: _____	Post-Disaster Utilities: _____

*Includes Mortgage, Property Taxes, Homeowners insurance

22a. HOUSING PLAN PROGRESS FOR OWNERS

HAVE THE REPAIRS BEGUN? YES NO IF SO, HAS A CONTRACTOR BEEN HIRED OR VOLUNTEERED? YES NO

CONTRACTOR'S NAME: _____	PERMITS OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTRACTOR'S ADDRESS: _____	DATE: _____
CONTRACTOR'S PHONE #: _____	DELAY IN COMPLETING THE REPAIRS TO THE DDA? <input type="checkbox"/> YES <input type="checkbox"/> NO
DELAY IN PURCHASING A HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	

IF YES, PLEASE SPECIFY: _____	PERCENTAGE OF REPAIRS COMPLETE: _____
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22b. HOUSING COSTS (RENTERS ONLY)

Pre-Disaster Rent: _____	Pre-Disaster Utilities: _____
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DIRECT ASSISTANCE RECERTIFICATION WORKSHEET

22c. HOUSING PLAN PROGRESS FOR RENTERS		RENTAL RESOURCES OFFERED <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF RENTAL RESOURCES OFFERED: _____	
DID THE APPLICANT REFUSE THE RENTAL RESOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE SPECIFY THE REFUSAL REASON: _____					
23. REALISTIC PERMANENT HOUSING PLAN				23a. PROJECTED DATE FOR HOUSING PLAN COMPLETION	
<input type="checkbox"/> RENT A RENTAL RESOURCE		<input type="checkbox"/> PURCHASE A HOME			
<input type="checkbox"/> REPAIR/REBUILD DAMAGED DWELLING		<input type="checkbox"/> PURCHASE FEMA THU (APPLICABLE IF SALES/DONATIONS PROGRAM IS ACTIVATED)			
<input type="checkbox"/> MOVE IN WITH FAMILY/FRIENDS					
23b. HOUSING PLAN DOCUMENTATION VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF SO, PLEASE SPECIFY THE VERIFIED DOCUMENTATION: _____					
PRE-DISASTER HUD/SECTION 8:			<input type="checkbox"/> YES <input type="checkbox"/> NO	VAL ASSISTANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE HOUSING/GRANT ASSISTANCE PROGRAM:			<input type="checkbox"/> YES <input type="checkbox"/> NO	DHAP REFERRAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS:					
RENTAL RESOURCE #1:			RENTAL RESOURCE #2:		
Address:			Address:		
Contact's Name:			Contact's Name:		
Type of Rental Resource:			Type of Rental Resource:		
Number of Bedrooms:			Number of Bedrooms:		
Monthly Rent:			Monthly Rent:		
RENTAL RESOURCE #3:			RENTAL RESOURCE #4:		
Address:			Address:		
Contact's Name:			Contact's Name:		
Type of Rental Resource:			Type of Rental Resource:		
Number of Bedrooms:			Number of Bedrooms:		
Monthly Rent:			Monthly Rent:		
24. FEMA RECERTIFICATION CASEWORKERS NAME:			24a. RECERTIFICATION RECOMMENDATIONS:		
25. HOUSING GROUP SUPERVISOR SIGNATURE			DATE		
APPROVED CONTINUED <input type="checkbox"/>		APPROVED DATES		TOTAL MONTHS:	
DENIED <input type="checkbox"/>		FROM _____ TO _____		_____	
25a. ELIGIBILITY/DENIAL REASONS: <input type="checkbox"/> PROGRAM ELIGIBILITY <input type="checkbox"/> MAJOR VIOLATION <input type="checkbox"/> VIOLATED PARK/SITE RULES					
NOTES:					
26. FOR SUPERVISOR USE ONLY					
RECERTIFICATION APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO			NUMBER OF MONTHS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		

DIRECT ASSISTANCE RECERTIFICATION CHECKLIST

Applicant's Name:	Registration #:	Disaster #:
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INTRODUCTION

- Introduce your self and show the person your FEMA Identification.
- Explain why you are there - to conduct a recertification.
- Verify the identity of the person completing the recertification (applicant or co-applicant).
- Verify Written Consent/Release of Information on file (ROI).
- Verify the unit number (Applicable to MHU).
- Provide a scope of the Recertification.
- Explain what you will be doing today.

RECERTIFICATION WORKSHEET

- Complete Worksheet.
- If a copy of income and mortgage information is not provided by applicant, take picture of the original document.
- Document the housing plan information provided during each recertification visit i.e. lease, housing searches, progress of repairs to damaged dwelling address.
- Verify Written Consent/Release of Information on file (ROI).
- Make appropriate contacts to contractors to confirm progress of repairs. Make contacts to rental resources to confirm availability.
- Offer rental resources when appropriate.
- Conduct a follow-up with the applicant to ensure rental resources provided were contacted.

REPAIR PROGRESS CHECKLIST (OWNERS ONLY)

- Inform applicant of the need to evaluate what repairs have been completed.
- Document and evaluate the repairs and damage to the dwelling which has rendered the home inhabitable (essential repairs only).
- If necessary, go to damaged dwelling and record outside condition (e.g., does it look like repair work has began). Record the observations in Comments section.
- If unsure about the state of repairs, ask the applicant if it was damaged or has already been repaired.
- Explain to applicant that you are only recording what you observe.
- Contact contractor on the progress and completion of the repairs to the pre-disaster damaged dwelling. Confirm any delays on the progress and completion of the repairs (if applicable).
- Complete Checklist.

PICTURE PROTOCOL

- Take a picture of every damaged room (First Recert Only).
- Take a picture of each room that is still being repaired. Picture should capture the damage to that specific room.
- Take a picture of the exterior damages that are still in the repair phase; essential to the habitability of the dwelling.

RECAP

- Document the condition (e.g., maintenance issues, interior, exterior damages and furnishings) of the unit on the Temporary Housing Unit Inspection Report (FF 90-13).
- Document the applicant's NEMIS file with all recertification information documented as each visit.
- Inform the applicant of your recommendation for recertification and what was observed during this visit.
- Inform the applicant he/she will be notified within 7 - 14 days of their eligibility for recertification.
- Provide FEMA Contact Numbers (Helpline, Maintenance, Sales, etc.).
- Remind Applicant to Update FEMA if contact information changes, e.g., phone number.

REPAIR PROGRESS CHECKLIST (FOR PRE-DISASTER OWNERS ONLY)

1. INSPECTION DATE:

2. RECERTIFICATION #:	3. APPLICANT'S NAME:	4. REGISTRATION ID #:	5. DISASTER #:
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6. DAMAGED DWELLING ADDRESS:	7. DAMAGED DWELLING DESCRIPTION:
	<input type="checkbox"/> Apartment <input type="checkbox"/> House-Single/Duplex <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Boat <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse

8. CONDITION OF ROOMS, INTERIOR, & EXTERIOR AT THE TIME OF RECERTIFICATION
Instructions: Take basic pictures of essential rooms and damages that continue to render the home unlivable.

RP=Repairs Completed RB=Repairs Begun RN=Repairs Not Started UD=Undamaged N/A=Non Applicable

Exterior Damages	Picture Taken	Condition	Room	Picture Taken	Condition	Room	Picture Taken	Condition
Living Room (LR)			Bedroom 1 (BR1)			Bathroom 1 (BA1)		
Ceiling	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>		Toilet	<input type="checkbox"/>	
Floor	<input type="checkbox"/>		Floor	<input type="checkbox"/>		Basin	<input type="checkbox"/>	
Outlet/Switches	<input type="checkbox"/>		Outlet/Switches	<input type="checkbox"/>		Tub/Shower	<input type="checkbox"/>	
Wall	<input type="checkbox"/>		Wall	<input type="checkbox"/>		Faucets/Plumbing	<input type="checkbox"/>	
Window	<input type="checkbox"/>		Window	<input type="checkbox"/>		Walls	<input type="checkbox"/>	
Kitchen (KIT)			Bedroom 2 (BR2)			Window	<input type="checkbox"/>	
Cabinets	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>		Cabinet	<input type="checkbox"/>	
Ceiling	<input type="checkbox"/>		Floor	<input type="checkbox"/>		Bathroom 2 (BA2)		
Faucets/Plumbing	<input type="checkbox"/>		Outlet/Switches	<input type="checkbox"/>		Toilet	<input type="checkbox"/>	
Floor	<input type="checkbox"/>		Wall	<input type="checkbox"/>		Basin	<input type="checkbox"/>	
Outlet/Switches	<input type="checkbox"/>		Window	<input type="checkbox"/>		Tub/Shower	<input type="checkbox"/>	
Range	<input type="checkbox"/>		Bedroom 3 (BR3)			Faucets/Plumbing	<input type="checkbox"/>	
Refrigerator	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>		Walls	<input type="checkbox"/>	
Sink	<input type="checkbox"/>		Floor	<input type="checkbox"/>		Window	<input type="checkbox"/>	
Wall	<input type="checkbox"/>		Outlet/Switches	<input type="checkbox"/>		Cabinet	<input type="checkbox"/>	
Window	<input type="checkbox"/>		Wall	<input type="checkbox"/>		Bathroom 3 (BA3)		
Utilities			Window	<input type="checkbox"/>		Toilet	<input type="checkbox"/>	
Furnace	<input type="checkbox"/>		Bedroom 4 (BR4)			Basin	<input type="checkbox"/>	
HVAC	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>		Tub/Shower	<input type="checkbox"/>	
Water Heater	<input type="checkbox"/>		Floor	<input type="checkbox"/>		Faucets/Plumbing	<input type="checkbox"/>	
Utilities	<input type="checkbox"/>		Outlet/Switches	<input type="checkbox"/>		Walls	<input type="checkbox"/>	
Gas	<input type="checkbox"/>		Wall	<input type="checkbox"/>		Window	<input type="checkbox"/>	
Electric	<input type="checkbox"/>		Window	<input type="checkbox"/>		Cabinet	<input type="checkbox"/>	
Water	<input type="checkbox"/>		Exterior Walls			Other (OTH)		
Hallway (HWY)			EWL	<input type="checkbox"/>		Debris that hinders repairs or access to DD	<input type="checkbox"/>	
Walls	<input type="checkbox"/>		EWR	<input type="checkbox"/>		Utility Connections (septic, water, electric)	<input type="checkbox"/>	
Outlet/Switches	<input type="checkbox"/>		EWB	<input type="checkbox"/>		Wall Framing	<input type="checkbox"/>	

9. COMMENTS	9a. COMMENTS PLACED IN NEMIS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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10. NAME OF PERSON PRESENT DURING RECERTIFICATION:	11. RELATIONSHIP TO APPLICANT (i.e. App, Co-App, Occupant):
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12. FEMA RECERTIFICATION STAFF NAME:	13. FEMA RECERTIFICATION STAFF SIGNATURE:	14. DATE:
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CONTINUED ASSISTANCE PICTURE NAMING CONVENTION

ME - 123456789 - LR - 080309

↑ ↑ ↑ ↑
 First 2 letters of 9 Digit FEMA Room Date
 Applicant's last name Registration ID# Identifier MM/DD/YY

Room Identifier Legend

EXTERIOR	INTERIOR ANCILLARY SPACE	INTERIOR LIVING SPACE
EWB: Exterior Wall Back EWF: Exterior Wall Front EWL: Exterior Wall Left EWR: Exterior Wall Right	CRL: Crawlspace BSM: Basement FR: Family Room HWY: Hallway OTH: Other UTM: Utility Room	BA1: Bathrooms (Numbering from closet or inside the master bathroom to furthest away) BR1: Bedrooms (Numbered from closet to master bedroom to furthest away) DR: Dining Room KIT: Kitchen LR: Living Room

WH - 123456789 - PSB - 050109

↑ ↑ ↑ ↑
 First 2 letters of 9 Digit FEMA Document Date
 Applicant's last name Registration ID# Identifier MM/DD/YY

Document Identifier Legend

INCOME	CURRENT HOUSING COSTS
PSB: Pay Stub SSA: Social Security Statements IST: Investment Statements (ex. Stocks, Mutual Funds, Money Market Accounts) UES: Unemployment Benefits Statement RBS: Retirement Benefits Statement OTR: Other Income Documents (ex. Bank Statements, Deposit Slips, etc.)	MS 1-2: 1st and 2nd Mortgage Statement PTR: Property Tax Receipt HOI: Homeowners Insurance Statement or Declaration Page GRT: Ground Rent NOTE: Any Income or Current Housing Cost documentation will have sensitive information such as Social Security numbers or Account Numbers. This Information MUST be covered to protect Privacy and Identity.