

Public Registration Intake English Version

FEMA Form 009-0-1Int (English)
Internet
OMB Control Number: 1660-0002
Expiration Date: 5/31/2014

Find Assistance

Apply Online

Check Your Status

Answer Questions

Complete this anonymous questionnaire to determine if you are eligible for disaster assistance. The following questions are required. Please answer them to the best of your ability or skip if not applicable.

1. As a result of this disaster, I have experienced:

2. What describes your housing/living situation prior to the disaster?

3. Your Bookmarks

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Find Assistance

Find Assistance >

What Can You do on DisasterAssistance.gov?

- » View the Disaster Survivor Application Checklist.
- » Find disaster assistance that meets your personal needs.
- » Locate more than 70 forms of assistance from 17 federal agencies.
- » Apply for disaster assistance.
- » Check the status of your application.

Recent Disaster News Feeds

- » Pennsylvania Severe Winter Storm
- » Oklahoma Severe Winter Storm
- » Vermont Severe Winter Storms
- » Alaska Severe Storms, Straight-line Winds, and Flooding
- » Alaska Flooding
- » West Virginia Chemical Spill
- » Arkansas Severe Winter Storm
- » Texas Severe Storms and Flooding

Resources to Recover & Rebuild

- » Meet with someone in person at a FEMA disaster recovery center.
- » Find a hotel participating in the Transitional Shelter Assistance Program.
- » Find rental properties identified by federal agencies.
- » Struggling with difficult emotions after a disaster? Call the Disaster Distress Helpline 24/7, toll-free at 1-800-985-5990 or text TalkWithUs to 66746 (standard text message rates apply).

Disaster Assistance Center

Español

English

For disaster assistance information you may want to read the [Applicant Guide \(requires Adobe Reader\)](#), view information about [Federally Declared Disasters by Calendar Year](#), or review support from other [available Agencies](#).

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 co-applicant 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

For disaster assistance information you may want to read the [Applicant Guide \(requires Adobe Reader\)](#), view information about [Federally Declared Disasters by Calendar Year](#), or review support from other [available Agencies](#).

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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.

Financial information

You will be asked to enter your family's gross total household income at the time of the disaster.

Contact information

Along with the address and phone number where the damages occurred, you will be asked for information on how FEMA can contact you. It is very important that you provide FEMA with your current mailing address and phone numbers where you can be contacted.

Electronic Funds Transfer (EFT) Direct Deposit Information (optional)

If you are determined to be eligible for assistance and would prefer that funds be transferred to your account, you will be asked for your banking information, which includes; the institution name, type of account, routing and account number.

Please have pen and paper available to record information during the registration process.

Cancel

Start

Introduction |

Instructions

- * Instructions
- * Privacy Act
- * Isaac Override

Registration Instructions

Application Progress



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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 this address.**

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 "Exit Registration".

[Exit Registration](#)

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Instructions

- * Instructions
- * **Privacy Act**
- * Isaac Override

Privacy Act Statement

Application Progress



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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; 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 within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with State, tribe, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 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 disaster assistance."

* I accept the Privacy Act

I am a FEMA employee

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- * Isaac Override

Privacy Act Statement Application Progress

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FEMA is required by law to provide you with a copy of the Privacy Act Statement.

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* I accept the Privacy Act

I am a FEMA employee

FEMA OFFICIAL USE ONLY

* FEMA User Type:

Enter your FEMA employee network user name.

* FEMA username:

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- * Personal
- * Phone Numbers
- * Address
- * County / Parish / Municipio
- * Isaac Override

Help for this page

To register for disaster assistance, please provide the following information.

* Title:

* First Name:

MI:

* Last Name (without suffix - Jr, Sr, III):

* SSN: - -

* Date of Birth MM/DD/YYYY: / /

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Identification

- Personal
- **Phone Numbers**
- Address
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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.

Area Code Phone Number

'Damaged Dwelling Phone: () -

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

'Current Phone: () -

Ext.:

Note:

Cell Phone: () -

Alternate Phone: () -

Ext.:

Note:

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Identification

- * Personal
- * Phone Numbers
- * **Address**
- * County / Parish / Municipio
- * Isaac Override

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?

* Is the address above also your mailing address?

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Identification

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- * **County / Parish / Municipio**

County/Parish/Municipio

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Where did the damage occur?

In what county/parish/municipio did the damage occur?

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Disaster Selection

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* 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".

Select	Description of Disaster	Incident Period	Disaster Nu
<input type="radio"/>	SC TRAINING DEPT TEST DISASTER	08/15/2012 - 08/20/2012	1449
<input type="radio"/>	None of the disasters above match my situation		

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Damage Type

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Loss Date:

*What type of damage occurred? Check all that apply.

- Earthquake
- Flood
- Hurricane/Hail/Rain/Wind Driven Rain
- Ice/Snow
- 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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Loss Date:

* What type of damage occurred? Check all that apply.

Fire/Smoke/Soot/Ash

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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

' As a result of the disaster, do you have new or additional child care costs OR has your household income been reduced, increasing your financial burden to pay for child care?

YES NO

' Did you, your co-applicant, 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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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.

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- Vehicle Damages
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Home Insurance Application Progress

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

Select	Type of Insurance	Insurance Company Name
<input type="checkbox"/>	Condo or Townhouse Unit Insurance with an Earthquake Rider	<input type="text"/>
<input type="checkbox"/>	Contents Only Insurance	<input type="text"/>
<input type="checkbox"/>	Contents Only Insurance with an Earthquake Rider	<input type="text"/>
<input type="checkbox"/>	Earthquake Contents Insurance	<input type="text"/>
<input type="checkbox"/>	Earthquake Structure Insurance	<input type="text"/>
<input type="checkbox"/>	Flood Insurance	<input type="text"/>
<input type="checkbox"/>	Homeowners Insurance	<input type="text"/>
<input type="checkbox"/>	Homeowners Insurance with a Sewer Backup Rider	<input type="text"/>
<input type="checkbox"/>	Homeowners Insurance with an Earthquake Rider	<input type="text"/>
<input type="checkbox"/>	Mobile Home Insurance	<input type="text"/>
<input type="checkbox"/>	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?

Select	Type of Insurance	Company Name	Provide Another Company Name
<input type="checkbox"/>	Dental Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	Funeral or Burial Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	Health/Medical Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	Medicaid/Title XIX Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	I do not have any insurance listed above		

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Disaster Related Vehicle Damage

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Were any of the vehicles covered by comprehensive insurance? YES NO

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Vehicles

Application Progress

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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 co-applicant, or dependents.

Add

Edit	Year	Make	Model	Damaged	Drivable	Comprehensive Insurance	Liability Insurance	Registered	Delete
------	------	------	-------	---------	----------	-------------------------	---------------------	------------	--------

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- * **Vehicles**
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- * Special Needs General

Update Vehicle

Application Progress



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Enter information about each vehicle in the household separately.

* Year * Make * 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? What is the insurance company name?

' Is this vehicle currently registered?

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Losses

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- **Emergency Needs**
- Special Needs General

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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- * Other Insurance
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- * Vehicles
- * Emergency Needs
- * **Special Needs General**

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 NO

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- * **Special Needs Specific**

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 Text messaging and/or other communication device

Vision

- Glasses White Cane Service Animal Braille or other accessible communication device Magnifier

Other

- Other (enter text)

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ACCESS TO DISASTER HELP AND RESOURCES

Occupants Application Progress

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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	MI	Relationship	SSN	Age	Delete
	CUBE	ICE		Registrant	222-24-4456	54	

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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

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Save

Financial

- Business Damages
- Financial Information

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

- Business Damages
- **Financial Information**
- Income Verification

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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Financial

- * Business Damages
- * **Financial Information**

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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Financial

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- Financial Information
- EFT
- Income Verification

Electronic Funds Transfer

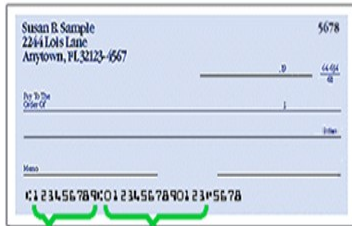
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You told us previously that you would like to participate in electronic funds transfer. The name on this registration must be the same as on the bank/savings account identified. Do Not enter anyone else's account information. This service is not available for Business Only applicants. Please provide the following information:



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
- Business Damages
- Financial Information
- Income Verification**

Income Verification



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You previously told us your household income was 8000 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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DisasterAssistance.gov

ACCESS TO DISASTER HELP AND RESOURCES

Correspondence Preferences

- * Correspondence
- * **Electronic Correspondence**

Electronic Correspondence Summary



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Help for this page

You have elected to receive electronic correspondence from FEMA. You will not receive any FEMA correspondence by traditional postal mail.

To protect your privacy FEMA will post correspondence to your account within the Disaster Assistance Center. When new correspondence is created, you will be alerted by E-mail that the correspondence is ready for you to view from your account. Your account also provides you the ability to track the progress of your assistance.

You will need to create a Disaster Assistance account to access your information. FEMA will send you an E-mail containing the link to create your secure account.

Please provide your E-mail address:

* Email Address:

* Verify E-Mail Address:

If you do not receive an E-mail from FEMA within the next 7 days or to change your correspondence preference, please call the FEMA Helpline at 800-621-3362.

- Yes, proceed with Electronic correspondence.
- No, change preference to Postal Mail.

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Conclusion |

Conclusion

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You have successfully completed the registration for FEMA assistance. Your Registration ID is # **13-0511651** in disaster # **1449**. Please make a note of this number.

Do not complete another registration as this could delay your assistance.

You may review and print a copy of your registration by selecting [Print Summary](#). 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.

[Continue](#)

If you elected to receive electronic correspondence (email) from FEMA you must create an account to access your letters from FEMA.

Even if you did not elect to receive emails from FEMA, you can still create an account. An account will allow you to:

- Check the status of your Registration
- Add or update your contact information
- Update your insurance and bank information
- Review and make corrections to your Registration
- Apply for assistance with other agencies
- View and Print information from FEMA
- Change your address with the Social Security Administration

[Create Account](#)

[Skip](#)

Conclusion |

What to Expect

[Help for this page](#)

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Assistance	Next Steps
FEMA Individual Assistance Program	<p>You are being referred to FEMA's Individuals and Households Program (IHP) for possible assistance.</p> <p>A FEMA inspector will contact you within 3 - 5 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.</p> <p>View More Information About the FEMA Individual Assistance Program</p>
FEMA Individuals and Households Assistance Program (MDF/other miscellaneous)	<p>FEMA's Individual and Households Program may help you with your medical, dental, funeral, or other miscellaneous expenses.</p> <p>View more information on medical, dental, funeral, or other miscellaneous expenses Assistance Program.</p>
Small Business Administration (SBA)	<p>FEMA will forward a copy of your application to the Small Business Administration.</p> <p>The SBA will contact you regarding additional assistance for which you may be eligible.</p> <p>View More Information About SBA Disaster Loan</p>

Now that your registration is complete, you may select the "View Other Assistance" button below to view benefits that may be available to you from other agencies. **Note:** Selecting the button below will not impact your FEMA registration.

[View Other Assurances](#)