REC.#		FEDERA	PARTMEN AL EMER	RGENC	CY MAN	NAGEM	IENT A	AGENCY			O.M.B. No. 1660-0002 Exp. May 31, 2014		t #		Loss Date		
	APP	LICAT		TRAT ISTAN		FOR	DISASTER			(see reverse side)		APP. DATE					
Name of Applicant (last, first, MI) 2. Language								3. Date of Birtl	h		4. Applicant So	ocial Secur	ity No. 5. Email				
6. Damaged Phone #		7. Current Phone # Alternate Cell Phone No. Note:															
8. Damaged Property Address No. Street								Apt/Lot	t City.			State	Zip		County		
9. Mailing Address No. Street Same as Damaged Address								Apt/Lot	City.			State		Zip	Zip		
	Flood [arthquake	_	moke/Soot /Backup	t/Ash		Power Surge/Lightning Hail/Rain/Wind Driven Rain											
11. Home Damage Yes	Wind No	0	13. Utilities C			Yes	☐ No										
	No [Unkno	otel/Motel		sonal Pro	amily/Fri		Yes	Mass She			ther					
	avel Trailer	Mobile H		1 Hom	ne-Single/			Apt.	Condo/To			ther					
16, Primary Residence Ye					. Do You			Own	☐ Re		18. Is your h		esible?		☐ Yes		
10, i illiary recordence	• 🗀			'''	D0 100		ч	No, due to mandatory evacuation No, due to dis							to disaster		
19. Home/Personal Property Insur		20. Disaster Related Expenses (for uninsured or underinsured expenses)															
Insurance Type		Insura	ance Comp	any Nar	ıme		,	Expense Type YES			NO IF YES and have insurance, Insurance Company Na					ny Name	
							-	Medical Dental	+								
								Funeral	+		+ +						
I have no insurance fo	r my home or pers	onal prope	rty				<u> </u>										
21. Vehicle Damage due to Disasi			<u>-</u>														
Vehicle Information	Vehicle Information Damaged? Drivable? Comprehensive Insurance							Liability Ir	nsurance?		Insurance Company Name Registered?					tered?	
Year Make M	Model YES	YES NO YES NO			YES	NO	0	YES	NO						NO		
				工													
				\perp		↓	\longrightarrow										
			+	+		—	-			-						\vdash	
22. As a result of the disaster, do	you have new or a	dditional c	nild care c	osts F		\vdash	No	23. Emergen	ncv Needs								
or has your household income bed to pay for child care?					Yes	Ш	NO		Food		П	Shelter			Clothing		
24. Special Needs: Did you, your	co-applicant, or an	y depende	nts have I	nelp or s	support d	Joing thir	ngs like	walking, seein	g, hearing,	, or ta	aking care of you	rself before	e the disas	ter and	have you lost the	hat help or	
support because of the disaste	r? YI	ES	☐ NO														
If Yes, Select all that apply. Mobi	ity, such as:	☐ W	heelchair		☐ W	Valker	[Cane		Lift	□В	ath Chair] Perso	onal Care Atten	dant, etc.	
(Select all that apply)	Cognitive/Developn	nental Disa	abilities/Me	ental He	ealth, suc	h as: Pe	ersonal	care attendant	t, etc.								
	Hearing or speech, ext messaging and						eter, TD	D/TTY,	Of	ther							
<u> </u>	/ision, such as: Gl						other a	accessible comi	munication	n devi	ce, magnifier						
25. Occupants living in primary re-	sidence at time of o	disaster															
Last Nam	e	F	First Name	;	МІ		R€	elationship			cial Security Number Dependent? plicant First, Please) Age YES NO						
								·									
		<u></u>			Ţ	\bot					<u> </u>						
		<u> </u>			<u></u>	<u></u>											
26. BUSINESS DAMAGES Self Employment is primary income? YES NO Own/Represent a business or rental property affected by disaster? YES NO																	
27. Number of claimed dependent	s		-					29. Electronic	Funds Tra	ansfer	r YES	1	NO				
28. Combined family pre-disaster	gross income			Income	e Refused	t		Institution	n Name:								
\$	Account Type: Checking Savings Routing No. (9 digits)																
Weekly Bi-Week		Account No.:							_ ` ` ` .								
30. Would you prefer to receive or	orrespondence via	traditional	postal ma	il or E-m	nail notifi	cation?	Po	ostal Mail	tal Mail E-Mail 32. In which language would you like to receive letters?								
31. Would you like to receive add	itional status notific	cations via	text mess	age? []YES	□ N	10					Engl	ish		Spanish		
33. Social Security Administration	's Change of Addr	ess Reque	est														
When do you want this change	to take effect?			Make th	the chanç	ae effecti	ive										
34. Comments							$\overline{}$	35. FEMA Rer			_						

Application/Registration for Disaster Assistance Instructions

- 1. Enter the last name, first name, and middle initial of the application. Jr., Sr., etc. follow the last name.
- 2. Enter the language that the applicant speaks. If the applicant speaks English, leave blank.
- 3. Enter the date of birth of the applicant.
- 4. Enter the applicant's social security number (SSN). If the applicant does not provide a SSN, processing of the applicant may be delayed.
- 5. Enter e-mail address (if available).
- 6. Do NOT include a beeper/pager number in any of the phone number fields. Damaged Phone number: enter the phone number used in the applicant's home at the time of the disaster even if the number is currently working.
- Current Phone No.: enter the current phone number where the applicant can be reached. Alternate/Cell Phone No.: enter a work phone number or the phone number of a friend, relative, or neighbor that FEMA can use to leave a message for the applicant. Note: include extension number (if available). 8. Enter the full physical street address at which the damage occurred. Do not enter a P.O. or general delivery address.
- 9. Enter the applicant's mailing address. It may or may not be the same as the Damaged Property Address or where the applicant is now living. The Mailing Address may be a post office or general delivery address. If it is the same as the damaged property address, check the box for the same.
- 10. Check Cause of Damage (more than one cause may be checked). Other causes of damage may include explosion, drought, and riot. If more than the home was damaged (e.g., auto was flooded), please describe in the Comments section in item No. 34.
- If the applicant has damage to the home (e.g., electrical, heating, floors, walls, ceilings, and foundation), check Yes. If home damage is unknown, check Unknown.
- 12. If the applicant had Personal Property Damage, e.g., appliances, clothing, and/or furniture), check Yes.
- 13. If the applicant's utilities are not working (out), check "Yes." Utilities may include sewer, water, gas, electricity, and/or heating.
 14. Check the current Location where the applicant is living.
- 15. Check the type of residence that was damaged (e.g., Travel Trailer, Mobile Home, House-Single/Duplex, etc.). Other may include, for example, homeless or RV.)
- 16. If the person lived in the home more than six months of the year, or the applicant lists it as the address of his/her Federal Tax Return, or the applicant files a homestead exemption, or the applicant uses it as a voter registration address, check "Yes."
- 17. If the applicant is named on the deed, or the applicant maintains the home and pays the taxes but pays no rent, or the applicant has lifetime occupancy rights while not holding legal title to the home, check Own. Check "Rent" if the applicant does not meet any of the above ownership criteria, even if the applicant pays no rent.

 18. If the home is Accessible after the disaster, check "Yes." Inaccessible may include disruption or destruction of transportation routes or other obstructions that prevent the applicant
- from gaining entry to the damaged home. If the applicant is unable to enter the home, determine if it's Due to the Disaster, or Due to Mandatory Evacuation and check appropriately.
- 19. List the type of insurance that the applicant held at the time of the disaster for the home and/or personal property, including but not limited to sewer backup, earthquake. Include the name of the insurance company. If no insurance, check I have no insurance for my home or personal property.

 20. If the applicant incurred a Medical, Dental, Funeral, and/or Moving Storage Expense related to the disaster, check "Yes." Under Insurance company, provide the name of applicant's
- insurance company if they had insurance for that expense.
- 21. Enter all vehicles for the household (regardless of condition) and their year, make, and model. If the applicant or one of the applicant's dependents owns a vehicle(s) that was damaged by the disaster, check "yes,." Also, check "Yes" for the vehicles that are drivable. Check "Yes" if the listed vehicle(s) has Comprehensive and/or Liability insurance, and if the vehicle(s) is registered. Enter the name of the insurance company if applicant has insurance. If more space is needed, use the space in Item #29.
- 22. If the applicant had new or additional child care cost, or household income reduced and is causing a financial burden to pay child care check yes
- If the applicant has Emergency Needs (e.g., food, clothing, shelter), check the appropriate box for type of need.
 Question relates to special needs. The Americans with Disabilities Act (ADA) defines a disability as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual." 42 USC 12102(2) (A). If the registrant or household member has such a disability and was affected by the disaster, please mark all of the areas of disability that apply.
- 25. List information for the applicant and all other persons/dependents who consider the home to be their primary residence at the time of the disaster, whether or not they are related to the applicant. It is important that the applicant's and co-applicant's SSN is included. Answer if they are a dependent or not.

 26. SELF EMPLOYMENT IS PRIMARY INCOME? Check appropriately. OWNS/REPRESENTS BUSINESS OR RENTAL PROPERTY? Check appropriately.
- 27. Enter the number of claimed dependents as listed on the applicant's Federal Tax Return.
- 28. Enter the combined family pre-disaster gross Income. (This is the amount of income before any deductions, and may include money from employment, Social Security, retirement, welfare, child support, stocks, interest, annuities, and savings or assistance from family and friends. It does not include food stamps or HUD Section 8 assistance.) Check the appropriate frequency of pay (weekly, bi-weekly, monthly, semi-monthly, quarterly, or yearly). If income refused, check appropriate box.
- 29. If the applicant would like FEMA to automatically transfer assistance into their checking or savings account, check "Yes" next to Electronic Funds Transfer. Enter the name of the applicant's financial institution. Enter the applicant's 9-digit routing no. (The routing no. is the 9-digit number that appears in the lower left hand corner of the check.) Indicate the applicant's account type by marking the Checking or Savings box. Enter the applicant's account no. (The account number can be found at the center bottom of a check immediately after the routing number, or can be found on a savings or checking account statement.) NOTE: Applicant name must be on the account.
- 30. Check how the applicant would like to receive correspondence. Postal Mail or E-mail
- 31. Select the language the applicant would like to receive correspondence. English or Spanish 32. If applicant would like to receive status updates via text message. Confirm Alternate Cell phone.
- 33. If applicable, enter Social Security Administration's Change of Address Request
- 34. Enter any comments
- 35. Enter name of the FEMA representative filing out form.

PAPERWORK BURDEN DISCLOSURE NOTICE 009-0-1(Paper Application)

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, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0002) NOTE: Do not send your completed form to this address.

It is not necessary to complete grayed fields.

PRIVACY NOTICE

AUTHORITY: FEMA collects, uses, maintains, retrieves, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Pub. L. No. 93-288, as amended, 42 U.S.C. §§ 5121-5207; 6 U.S.C. §§ 776-77, 795; the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d), 7701(c)(1); the Government Performance and Results Act, Pub. L. No. 103-62, as amended; Reorganization Plan No. 3 of 1978; Executive Order 13411, "Improving Assistance for Disaster Victims," August 29, 2006; and Executive Order 12862 "Setting Customer Service Standards," September 11, 2003, as described in this notice.

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administrating financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed internally within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants. FEMA collects the social security number (SSN) to verify an applicant's identity and to prevent a duplication of benefits.

ROUTINE USE(S):

FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their disaster assistance files outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. FEMA may share the personal information of non-citizens, as permitted by the following Privacy Impact Assessments: DHS/FEMA/PIA-012(a) Disaster Assistance Improvement Plain (DAIP) (Nov. 16, 2012); DHS/FEMA/PIA-027 National Emergency Management Information System - Individual Assistance (NEMIS-IA) Web-based and Client-based Modules (June 29, 2012); DHS/FEMA/PIA-015 Quality Assurance Recording System (Aug. 15, 2014). This includes sharing your personal information with federal, state, tribal, local agencies and voluntary organizations to enable individuals to receive additional disaster assistance, to prevent duplicating your benefits, or for FEMA to recover disaster funds received erroneously, spent inappropriately, or through fraud as necessary and authorized by routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013) and upon written request, by agreement or as required by law.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: The disclosure of information, including the SSN, on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

Phone Script:

"We are required to provide you with the following Privacy Act Statement.

The Privacy Act of 1974 protects your rights as to how FEMA uses and shares your information.

The Stafford Act and other authorities allow FEMA to collect this information to determine eligibility and administer financial assistance as a result of a Presidentially-declared major disaster or emergency. FEMA may share your information outside of FEMA with entities such as with States, tribes, local governments, voluntary organizations, and other organizations in accordance with published routine uses. FEMA shares this information to enable you to receive additional disaster assistance, or for FEMA to recover disaster funds received erroneously, spent inappropriately, or through fraud and as necessary to prevent a duplication of benefits and to prevent future disaster losses.

FEMA may record phone calls for internal quality assurance purposes. Furnishing your SSN and other requested information is voluntary, however, failure to provide may delay or prevent you from receiving assistance."

If you knowingly make false statements to obtain disaster aid, it is a violation of federal and State laws.

Automated Message:

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