

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB Control Number 1660-NW90
Expiration: MM/DD/YYYY

UNIT PAD REQUIREMENTS - INFORMATION CHECKLIST

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 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 form 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.

Site Address: (Street, City, State, Zip code, Temp. Housing Unit Pad Number(s). Attach map and detailed directions if rural route).

Property Manager Contact Information:

Additional Description of Pad Premises:

<u> </u> Number of Available Pads	<u> </u> Pad Type	<u> </u> Accessible Pads
Pad Size:		
<u> </u> 3 BDR	<u> </u> 3 BDR Accessible	
<u> </u> 2 BDR	<u> </u> 2 BDR Accessible	
<u> </u> 1 BDR	<u> </u> 1 BDR Accessible	
<u> </u> Pets Allowed	<u> </u> Utilities	<u> </u> Background Check Required
<u> </u> Rent Amount	<u> </u> Amps	<u> </u> Credit Check Required
<u> </u> Split Lot	<u> </u> School Bus Routes	
<u> </u> Other	<u> </u> Wrap Around Services	
<u> </u> Accessible Mailboxes	<u> </u> Accessible egress (pathway to unit)	
<u> </u> Accessible Dumpsters	<u> </u> 1 BDR Accessible	
<u> </u> Within reasonable commuting distance	<u> </u> Accessible Playground area (and path)	

Requirements:	Yes	No	Unknown
Does your facility have the ability to provide and maintain all water, sanitary sewage, electrical, other utilities connections provided on the site at the time of execution of the lease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will the facility have the ability to maintain the Pad and premises in good repair during the term of the lease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Property Manager shall not discriminate against any of the Lessee's tenants or prospective tenants on the basis of race, color, religion, nationality, sex, age, disability, English proficiency, or economic status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Certify:

I certify that this information is true and correct and understand that this document in no way guarantees a lease with FEMA until approved and authorized by the contracting officer.

Name of Firm	Signature and Title	Date
Name of FEMA Representative	Signature	Date