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.

OWNER
OWNER
OWNER
9. LEASE/MOVE-IN DATE: 9a. TARGET MOVE-OUT DATE: 10. LOT #: 11. SITE CONTROL #: 12. SITE TYPE: 13. RECERTIFICATION DATE: 14. LOT TYPE: 15. VIN # (Applicable to MHU): 16. BARCODE # (Applicable to MHU): 17. RECERTIFICATION VISIT #: 17a. DATE OF LAST RECERT VIS 18. Persons Living in Unit 19. Household Income of all Applicants 18 Years of Age or Older
12. SITE TYPE: PS CS GS Oth MLRP DL 15. VIN # (Applicable to MHU): 16. BARCODE # (Applicable to MHU): 17. RECERTIFICATION VISIT #: 17a. DATE OF LAST RECERT VIS AUTH 19. Household Income of all Applicants 18 Years of Age or Older
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NAME REL SEX AGE YES NO a. PRE-DISASTER INCOME Initials b. POST-DISASTER INCOME Initia

20. HH BEDROOM REQUIREMENT:	21. FMR FOR COUNTY OF DAMAGED DWELLING:
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	
ļ .	CONTRACTOR BEEN HIRED OR VOLUNTEERED? YES NO
CONTRACTOR'S NAME:	PERMITS OBTAINED? YES NO
	DATE
CONTRACTOR'S ADDRESS:	DATE:
CONTRACTORIO PUONE "	DELAY IN COMPLETING THE REPAIRS TO THE DDA?
CONTRACTOR'S PHONE #:	☐ YES ☐ NO
DELAY IN PURCHASING A HOME? YES NO	
IF YES, PLEASE SPECIFY:	PERCENTAGE OF REPAIRS COMPLETE:
22b. HOUSING COSTS (RENTERS ONLY)	
Pre-Disaster Rent:	Pre-Disaster Utilities:

DIRECT ASSISTANCE RECERTIFICATION WORKSHEET

22c. HOUSING PLAN PROGRESS FOR RENTERS					
RENTAL RESOURCES OFFERED YES NO NUMBER OF RENTAL RESOURCES OFFERED:					
DID THE APPLICANT REFUSE THE RENTAL RESOURCE?	S NO				
IF YES, PLEASE SPECIFY THE REFUSAL REASON:					
	HOME MA THU (APPLICABLE IF SALES/ ROGRAM IS ACTIVATED) 23a. PROJECTED DATE FOR HOUSING PLAN COMPLETION				
23b. HOUSING PLAN DOCUMENTATION VERIFIED?					
IF SO, PLEASE SPECIFY THE VERIFIED DOCUMENTATION:					
PRE-DISASTER HUD/SECTION 8:	□ NO VAL ASSISTANCE □ YES □ NO				
STATE HOUSING/GRANT ASSISTANCE PROGRAM: YES	NO DHAP REFERRAL: YES 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 APPROVED DATES	TOTAL MONTHS:				
DENIED FROM T	TO				
25a. ELIGIBILITY/DENIAL REASONS: PROGAM ELIGIBILITY	☐ MAJOR VIOLATION ☐ VIOLATED PARK/SITE RULES				
NOTES:					
26. FOR SUPERVISOR USE ONLY					
RECERTIFICATION APPROVED? YES NO	NUMBER OF MONTHS				

FEMA FORM 009-0-134 (9/14) REPLACE

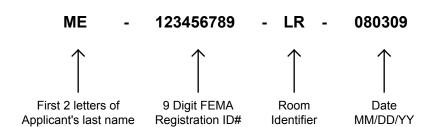
REPLACES FEMA Form 90-139

DIRECT ASSISTANCE RECERTIFICATION CHECKLIST

Applicar	nt's Name:	Registration #:	Disaster #:			
		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 completi	ng the recertification (applicant or co-applic	ant).			
	☐ Verify Written Consent/Release of Inform	nation on file (ROI).				
	☐ Verify the unit number (Applicable to MH	U).				
	Provide a scope of the Recertification.					
Explain what you will be doing today.						
		RECERTIFICATION WORKSHEET				
	Complete Worksheet.					
		ation is not provided by applicant, take pict				
	Document the housing plan information plan to damaged dwelling address.	provided during each recertification visit i.e.	lease, housing searches, progress of repairs			
	☐ Verify Written Consent/Release of Inform	nation on file (ROI).				
	☐ Make appropriate contacts to contractors	to confirm progress of repairs. Make cont	acts to rental resources to confirm availability.			
	Offer rental resources when appropriate.					
	Conduct a follow-up with the applicant to	ensure rental resources provided were cor	ntacted.			
	REP	ONLY)				
	☐ Inform applicant of the need to evaluate					
	<u> </u>		the home inhabitable (essential repairs only).			
	If necessary, go to damaged dwelling an observations in Comments section.	d record outside condition (e.g., does it lool	k like repair work has began). Record the			
	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 rec					
	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 (I	First Recert Only).				
	-	eing repaired. Picture should capture the d				
	Take a picture of the exterior damages the	nat are still in the repair phase; essential to	the habitability of the dwelling.			
		RECAP				
	☐ Housing Unit Inspection Report (FF 90-1					
		all recertification information documented				
		ation for recertification and what was observ				
		d within 7 - 14 days of their eligibility for rec	certification.			
	Provide FEMA Contact Numbers (Helplin	· · · · · · · · · · · · · · · · · · ·				
	Remind Applicant to Update FEMA if cor	tact information changes, e.g., phone numl	ber.			

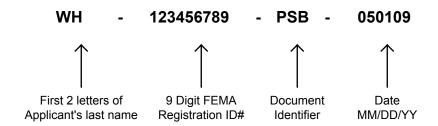
REPAIR PROGRESS CHECKLIST (FOR PRE-DISASTER OWNERS ONLY)					1. INSPECTION DATE:			
2. RECERTIFICATION #: 3. APPLICANT'S NAME:			NAME:	4. REGISTRATION ID #: 5. DISASTER #:				₹:
6. DAMAGED DWELLING	ADDRE	SS:	17	7. DAMAG	ED DWELLIN	IG DESCRIPTION:		
				☐ Apartn	nent [House-Single/Dup	lex	avel Trailer
				 ∏ Boat	Г	☐ Mobile Home		her
				 ☐ Condo	, [Townhouse		
8. CONDITION OF ROOM Instructions: Take basic pl						me unlivable.		
RP=Repairs Completed	RB=Re _l	pairs Begun I	RN=Repairs Not Starte	d UD=Ur	ndamaged N	/A=Non Applicable		
Evterier Demogra	Picture	Condition	Room	Picture	Condition	Room	Picture	Condition
Exterior Damages Living Room (LR)	Taken	Condition	Bedroom 1 (BR1)	Taken	Condition	Bathroom 1 (BA1)	Taken	Condition
Ceiling			Ceiling			Toilet		
Floor			Floor			Basin		
Outlet/Switches			Outlet/Switches			Tub/Shower		
Wall			Wall			Faucets/Plumbing		
Window			Window			Walls		
Kitchen (KIT)			Bedroom 2 (BR2)			Window		
Cabinets			Ceiling			Cabinet		
Ceiling			Floor			Bathroom 2 (BA2)		
Faucets/Plumbing			Outlet/Switches			Toilet		
Floor			Wall			Basin		
Outlet/Switches			Window			Tub/Shower		
Range			Bedroom 3 (BR3)			Faucets/Plumbing		
Refrigerator			Ceiling			Walls		
Sink			Floor			Window		
Wall			Outlet/Switches			Cabinet		
Window			Wall			Bathroom 3 (BA3)		
Utilities			Window			Toilet		
Furnace	$\vdash \sqcap$		Bedroom 4 (BR4)			Basin		
HVAC			Ceiling			Tub/Shower		
Water Heater			Floor			Faucets/Plumbing		
Utilities			Outlet/Switches			Walls		
Gas			Wall			Window		
Electric			Window			Cabinet		
Water			Exterior Walls			Other (OTH)		
Hallway (HWY)			EWL			Debris that hinders	рр П	
Walls	$\vdash \sqcap$		EWR			repairs or access to Utility Connections		
Outlet/Switches			EWF			(septic, water, electr	ic)	
Outlot Owitorio			EWB			Wall Framing		
9. COMMENTS PLACED IN NEMIS TES								
10. NAME OF PERSON F	PRESEN	T DURING RE	ECERTIFICATION:	11. RELA	TIONSHIP TO) APPLICANT (i.e. Ap	p, Co-App, C	occupant):
12. FEMA RECERTIFICA	TION ST	AFF NAME:	13. FEMA RECERTIFI	CATION S	STAFF SIGNA	TURE: 14. DAT	E:	

CONTINUED ASSISTANCE PICTURE NAMING CONVENTION



Room Identifier Legend

EXTERIOR	INTERIOR ANCILLARY SPACE	INTERIOR LIVING SPACE
EWF: Exterior Wall Front	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



Document Identifier Legend

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