This form is part of the Advance Request letter. However, OCC states this form should be an OBM form.

Request for Advance Disaster Assistance

Disaster Number: {DSTR_NR} FEMA Application Number: {RGSN_ID}	ince Disaster Assistance
{APPL_NM}	
I, the undersigned, hereby certify that I am the insured occupant of the following damaged property:	
I am requesting advanced Rental Assistance for my insured guarantee I will receive an advance from FEMA.	l expenses caused by the disaster. I understand this request does not
I authorize FEMA to verify with my insurance con insurance company to release to FEMA all verify	mpany that I have filed a claim for the address listed above. I authorize my ring information related to my insurance claim.
Insurance Company Name:	
Insurance Company Phone #:	
Date claim was filed:	
2. I understand before this request for advancement i disaster-caused damage.	is approved, FEMA will inspect my home for the purpose of recording the
3. When I receive my insurance proceeds, I agree to either mail a personal check or money order to:	immediately reimburse FEMA for the full amount of this advance. I will
Mail to: FEMA P.O. Box 6200-16 Portland, OR 97228-6200	
4. I understand if I fail to repay this advance, FEMA	will initiate debt collection actions, which may include:
Adding interest and penalties to the amount	unt owed;
 Reporting your debt to national consume 	r credit reporting agencies; and,
	at of the Treasury, where payment of your debt may be taken from other x refund. Additional fees may also be charged and added to the debt
This Request for Advancement is submitted pursuant to 28 request this advancement and to sign this Request for Adva	U.S.C § 1746 under penalty of perjury. I understand that it is my choice to uncement.
FEMA Applicant Name (Printed)	Date
FEMA Co-applicant Name (Printed)	

Signature