

009-0-1T (English)

Change Request 5.26.2020

**Instructions**

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- [Privacy Act](#)
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**Service Rep: Privacy Act Statement**

Please read the following statement to each Delta Call applicant, as they will not have heard it from the phone recorded message.

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 an Emergency or Presidentially declared disaster.

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 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 Social Security Number 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.

**Service Rep: Read to every applicant the below Declaration of Eligibility statement**

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. Please feel free to consult with an attorney or other immigration expert if you have any questions. By agreeing to continue your registration, you hereby declare under penalty of perjury, that you are a citizen or non-citizen national of the United States, a qualified alien of the United States, or a parent or legal custodian of a child who is a minor, who resides with you and who is a citizen, naturalized citizen or qualified alien of the United States.

**In addition, you certify the following:**

- Only one application has been submitted for your household.
- All information you have provided regarding your application for FEMA disaster assistance is true and correct to the best of your knowledge.
- You will return any disaster aid money you receive from FEMA or the State if you receive insurance or other money for the same loss, or if you do not use FEMA disaster aid money for the purpose for which it was intended.

**You understand that** , if you intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both. FEMA may use external parties to verify the accuracy of representation made in the application process.

**You understand that** the information provided regarding your application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

**You authorize** FEMA to verify all information given by you about your property/place of residence, income, employment and dependents in order to determine your eligibility for disaster assistance; and

**You authorize** all custodians of records of your insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

Do you understand and agree to these statements?

**(If the applicant disagrees, delete the registration, if they agree, continue)**

**Service Rep:**

May I have your Social Security Number?

I am a DSAT or IRS employee

[Back](#)[Exit Registration](#)[Next](#)**Service Rep:**

*Please read the following statement to each Delta Call applicant, as they will not have heard it from the phone recorded message.*

FEMA is required to provide you with the following statement:

The Privacy Act of 1974 protects your rights as to how FEMA uses and shares your information with entities such as other Federal agencies, including Department of Homeland Security, States, tribal or local governments, voluntary organizations, and other organizations providing disaster assistance in accordance with the law. FEMA may share your information with these partners to make sure you receive all disaster assistance available to you, prevent duplicating benefits, or to prevent future disaster losses.

The Stafford Act, Privacy Act and other laws allow FEMA to collect information to determine eligibility and provide assistance as a result of a Presidentially declared disaster.

FEMA may record phone calls for internal quality assurance purposes. Providing your Social Security Number and other requested information is voluntary, however, refusing to provide this information may delay or prevent you from receiving assistance.

To be eligible for FEMA Assistance, you must hereby declare under penalty of perjury, that you are a citizen, non-citizen national, a qualified alien of the United States, or a parent or legal custodian of a minor child, who lives with you and who is a citizen, non-citizen national or qualified alien of the United States.

**You must understand that** if you intentionally lie or hide any information in an attempt to obtain disaster assistance, it is a violation of federal and State laws, which carry severe fines and or imprisonment.

**You must understand that** if you received FEMA Assistance and have insurance that covers the same loss or receive other assistance for the same loss, you may be required to return some or all of the FEMA Assistance provided to you.

**You must authorize** FEMA to verify all information given by you about your primary residence, income, identity, and dependents in order to determine your eligibility for disaster assistance.

**You must authorize** FEMA and/or the State to request your personal information from entities such as your insurance company, or financial institution.

To continue your registration, you must acknowledge you understand and that you agree with the information I have just read to you. Do you understand and agree to these statements?

**(If the applicant disagrees, delete the registration, if they agree, continue)**

**Service Rep:**

May I have your Social Security Number?

Registrant: MR JOE A. BANKS

Registration ID: 15-0451182

**Identification**

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

**Call Center**

- Privacy Act (CTL-F3)
- Comments (F9)
- Calendar (CTL-F11)
- Disaster Info (F8)
- Call Center Help

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.

\* ZIP  ZIP+4

\* Street Address

\* City

\* State

\* Do you own this home or do you rent it?

\* Is the address above also your mailing address?  
(If you receive your mail at a P.O. Box, please select No)

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# Damaged Dwelling Address – Help Text

The damaged dwelling address is used by the inspection teams to locate your property. Please follow these tips when entering your damaged dwelling address.

## Tips for Damaged Dwelling Address - 50 United States

- Enter the service address (home address) exactly as it appears on a utility bill.
- If you don't have access to a utility bill: Enter the Street Address, City, State and Zip Code without any abbreviations (use 23 Back Mountain St instead of 23 Bk Mtn St).
- Do not enter a P.O. Box or General Delivery address for the damaged dwelling address. You can use Rural Route, Rural Road, Farm Road, FM, etc. but not a PO Box address.
- Do not enter a "#" symbol.

The input field takes up to 60 characters. If you have to abbreviate words due to the character limit, use the following:

- APT for Apartment
- BLDG for Building
- STE for Suite
- RR for Rural Route

## Tips for Damaged Dwelling Address - Puerto Rico (PR)

- Enter the service address exactly as it appears on a utility bill.
- If you don't have access to a utility bill, or live in a rural area, enter the address in the following format: Carr, KM (kilometro), HM (hectometro), Barrio, and Sector.

## Tips for Damaged Dwelling Address - United States Virgin Islands (VI)

- Enter the service address exactly as it appears on a utility bill.
- If you don't have access to a utility bill: Do not abbreviate the street name.
- Do not use lot numbers.

## Tips for Damaged Dwelling Address - Commonwealth of Northern Mariana Islands (CNMI)

- If you do not have a house number, place a description of the home in the **Street Address** field. Example: "Red house on Papago Drive" or "4th house on the left Koa Lane."
- Enter the name of your village in the **City** field.
- If your island name is not listed, enter the island name in the **County/Parish** field.

If this is a vehicle only application or a medical/dental/funeral only application, enter only the name of the street on which the damaged occurred.

## Current Mailing Address

If the current Mailing Address is *not* the same as the damaged dwelling address enter the address where you are currently receiving mail:

- The mailing address does not have to be where you are living.
- You may enter a P.O. Box or General Delivery address for the mailing address field.
- If possible, enter an address where you will receive mail for a minimum of 60-days.

## Own or Rent Damaged Dwelling

From the drop down list select Owner or Renter to indicate your residency status.

To be considered the legal OWNER of the home, you must:

- have the deed; or
- maintain the home, pay no rent, and pay taxes (if applicable); or
- have lifetime occupancy rights while not holding the legal title to the home

Select RENT if you do not meet any of the above criteria, even if you pay no rent.

## Current Mailing Address Same as Damaged Dwelling Address

Check this box to identify damaged dwelling address and current mailing address are the same.

## Financial

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

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 including yourself?

\* Before taxes are deducted, what is your family's pre-disaster income?

Enter numbers only, no dollar sign, no commas, and no decimal point or cents. Example: Enter income as "55000" NOT "55,000.00."

\* If you are found eligible for FEMA assistance, would you like funds directly deposited into your bank account?

There is no charge for this service.

- No
- Yes

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