

Narrative of Changes Table

The purpose of the Narrative of Changes Table is to demonstrate changes to a collection since the previous approval.

Collection Title: Disaster Assistance Registration

OMB Control No.: 1660 – 0002

Current Expiration Date: 8/31/2022

Collection Instrument(s):

FEMA Form 009-0-1 (English) Paper, Disaster Assistance Registration

Location	Current version	Proposed Revision	Justification
1.	Name of Applicant (last, first, MI) _____	Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Added to match Tele-registration/Internet RI script. Appropriate title is necessary to properly address correspondence.
2.	Language _____	Applicant Name (last, first, MI) _____	Question order adjusted.
3.	Date of Birth	Language _____	Question order adjusted.
4.	Applicant Social Security No. _____	Applicant Social Security No. _____	Question order adjusted.
5.	Email _____	Date of Birth _____	Question order adjusted.
6.	Damaged Phone # _____ Alt Damaged Phone# _____ Note: _____	Email _____	Question order adjusted.
7.	Current Phone # _____ Alternate Cell Phone No. Note: _____	Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accommodation question added per OER/ODIC to capture applicants with disabilities or people with limited English proficiency who may self-identify

		<p>If Yes, what do you need? (select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sign language interpreter <input type="checkbox"/> CART (Communication Access Real-time Translation) (in person or remote) <input type="checkbox"/> Text messages to communicate <input type="checkbox"/> Assistive listening device <input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Face-to-face assistance (reader or writer) <input type="checkbox"/> Wheelchair access <input type="checkbox"/> Language other than English <ul style="list-style-type: none"> <input type="checkbox"/> Spanish – Español <input type="checkbox"/> Arabic – العربية <input type="checkbox"/> Haitian Creole – Kreyòl Ayisyen <input type="checkbox"/> Russian – Русский <input type="checkbox"/> Vietnamese – Tiếng Việt <input type="checkbox"/> Samoan – Sāmoa <input type="checkbox"/> Mandarin – 中文 <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ 	<p>and need additional assistance accessing FEMA programs.</p>
<p>8.</p>	<p>Damaged Property Address _____ No. _____ Street _____</p>	<p>Do you or anyone in your household have a disability that affects your ability to perform</p>	<p>Disability-related questions revised per</p>

	Apt/Lot _____ City _____ State _____ Zip _____ County _____	activities of daily living or requires an assistive device? (NOTE: An assistive device can include wheelchair, walker, cane, hearing aid, communication device, service animal, personal care attendant, oxygen, dialysis, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, select all that apply: <input type="checkbox"/> Mobility <input type="checkbox"/> Cognitive/Developmental Disabilities/Mental Health <input type="checkbox"/> Hearing/Speech <input type="checkbox"/> Vision <input type="checkbox"/> Self-Care <input type="checkbox"/> Independent Living <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer Not to Answer	OER/ODIC at an attempt at clarity and to provide more comprehensive response options. Question order adjusted.
9.	Mailing Address <input type="checkbox"/> Same as Damaged Address No. _____ Street _____ Apt/Lot _____ City _____ State _____ Zip _____	Did you have any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, select all that apply: <input type="checkbox"/> Power/manual wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Prosthesis <input type="checkbox"/> Oxygen/respiratory equipment <input type="checkbox"/> Medical equipment that depends on	Disability-related questions revised per OER/ODIC at an attempt at clarity and to provide more comprehensive response options. Question order adjusted.

		<p>electricity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assistive technology device for hearing/vision, such as hearing aid, screen enlarging software, etc. <input type="checkbox"/> Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair <input type="checkbox"/> Environmental control/alerting devices <input type="checkbox"/> Adaptive van/vehicle <input type="checkbox"/> Walker/cane/crutches <input type="checkbox"/> Medication/medical supplies including adult diapers and catheters <input type="checkbox"/> Service animal <input type="checkbox"/> Personal assistance services/in-home care <input type="checkbox"/> Dialysis <p>Other _____</p>	
<p>10.</p>	<p>Cause of Damage</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flood <input type="checkbox"/> Fire/Smoke/Soot/Ash <input type="checkbox"/> Seepage <input type="checkbox"/> Power Surge/Lightning <input type="checkbox"/> Hail/Rain/Wind Driven Rain <input type="checkbox"/> Earthquake <input type="checkbox"/> Sewer/Backup <input type="checkbox"/> Ice/Snow <input type="checkbox"/> Tornado Wind 	<p>Damaged Dwelling</p> <p>Phone No. _____</p> <p>Cell Phone No. _____</p>	<p>Question order adjusted. Question reworded to match Tele-registration/Internet RI script.</p>

	<input type="checkbox"/> Other _____		
11.	Home Damage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Current Phone No. _____ Alternate Phone No. _____ Note: _____	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
12.	Personal Property Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Dwelling Address _____ No. _____ Street _____ Apt/Lot _____ City _____ State _____ Zip _____ County _____	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
13.	Utilities Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Question order adjusted.
14.	Current Location <input type="checkbox"/> Primary Home <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Family/Friends <input type="checkbox"/> Mass Shelter <input type="checkbox"/> Other _____	Mailing Address <input type="checkbox"/> Same as Damaged Address No. _____ Street _____ Apt/Lot _____ City _____ State _____ Zip _____	Question order adjusted.
15.	Residence Type <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Mobile Home <input type="checkbox"/> Home-Single/Duplex <input type="checkbox"/> Apt. <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Other	Damage Type <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane/Hail/Rain/Wind Driven Rain <input type="checkbox"/> Power Surge/Lightning <input type="checkbox"/> Seepage <input type="checkbox"/> Sewer Backup <input type="checkbox"/> Tornado/Wind <input type="checkbox"/> Earthquake <input type="checkbox"/> Fire/Lava Flow/Ash <input type="checkbox"/> Ice/Snow <input type="checkbox"/> Other _____	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.

16.	Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Question order adjusted.
17.	Do You <input type="checkbox"/> Own <input type="checkbox"/> Rent	Personal Property Damage (not including vehicles)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
18.	Is your home accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No, due to mandatory evacuation <input type="checkbox"/> No, due to disaster	Utilities Out 5 days or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
19.	Home/Personal Property Insurance Insurance Type _____ Insurance Company Name _____ <input type="checkbox"/> I have no insurance for my home or personal property	New or additional child care costs because of disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
20.	Disaster Caused Expenses (for uninsured or underinsured expenses) Expense Type Medical Dental Funeral YES _____ NO _____ IF YES and have insurance, Insurance Company Name _____	Level of Damage to Home or Personal Property: <input type="checkbox"/> Minor damage but able to live in home <input type="checkbox"/> Damage to Home/Personal Property and may not be able to live in home <input type="checkbox"/> Damage to Home/Personal Property requires major repairs. Not able to live in home. <input type="checkbox"/> Home was destroyed <input type="checkbox"/> Unknown	Question order adjusted.
21.	Vehicle Damage Caused	Current Location?	Question order adjusted.

	<p>By Disaster</p> <p>Vehicle Information Year_____</p> <p>Make_____</p> <p>Model_____</p> <p>Damaged? YES_____</p> <p>NO_____</p> <p>Drivable? YES_____</p> <p>NO_____</p> <p>Full Coverage Insurance? YES_____</p> <p>NO_____</p> <p>Liability Insurance? YES_____</p> <p>NO_____</p> <p>Insurance Company Name_____</p> <p>Registered? YES_____</p> <p>NO_____</p>	<input type="checkbox"/> My Home <input type="checkbox"/> Family/Friends <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Mass Shelter <input type="checkbox"/> Church/House of Worship <input type="checkbox"/> Homeless <input type="checkbox"/> FEMA Provided Unit <input type="checkbox"/> New Permanent Rental <input type="checkbox"/> New Temporary Rental <input type="checkbox"/> Purchased New Home <input type="checkbox"/> Place of Employment <input type="checkbox"/> RV/Camper <input type="checkbox"/> Secondary Residence <input type="checkbox"/> My Vehicle <input type="checkbox"/> Tent	<p>Question re- worded to match Tele- registration/Intern et RI script.</p>
22.	<p>As a result of the disaster, do you have new or additional child care costs or has your household income been reduced, increasing your financial burden to pay for child care?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Type of Home?</p> <input type="checkbox"/> Home-Single/Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Boat <input type="checkbox"/> College Dormitory <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Military Housing <input type="checkbox"/> Other_____	<p>Question order adjusted. Question re- worded to match Tele- registration/Intern et RI script.</p>
23.	<p>Emergency Needs</p> <input type="checkbox"/> Gas, Medication, or Food <input type="checkbox"/> Shelter <input type="checkbox"/> Clothing <input type="checkbox"/> Durable Medical Equipment	<p>Primary Residence?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Question order adjusted.</p>
24.	<p>Did you or anyone in</p>	<p>Currently able to get to</p>	<p>Question order</p>

	<p>your household use any type of mobility or assistive device such as a wheelchair, walker, cane, hearing aid, communication device, service animal, personal care attendant, or other similarly medically-related devices or services that assist with disabilities or activities of daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, select all that apply:</p> <p>Mobility: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Lift <input type="checkbox"/> Bath Chair <input type="checkbox"/> Personal Attendant</p> <p>Cognitive/Developmental Disabilities/Mental Health: <input type="checkbox"/> Personal Care Attendant <input type="checkbox"/> Other_____</p> <p>Hearing or Speech: <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> TDD/TTY <input type="checkbox"/> Text messaging and/or other communication device</p> <p>Vision: <input type="checkbox"/> Glasses <input type="checkbox"/> White Cane <input type="checkbox"/> Service Animal <input type="checkbox"/> Braille or other accessible communication</p>	<p>your home? <input type="checkbox"/> Yes <input type="checkbox"/> No, due to mandatory evacuation <input type="checkbox"/> No, due to damages to roads or bridges in the area</p>	<p>adjusted. Question reworded to match Tele-registration/Internet RI script.</p>
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	device <input type="checkbox"/> Magnifier <input type="checkbox"/> Other: _____		
25.	Occupants living in primary residence at time of disaster Last Name _____ First Name _____ MI _____ Relationship _____ Social Security Number (Applicant First, Please) _____ Age _____ Dependent? YES _____ NO _____	Home/Personal Property Insurance Insurance Type _____ Insurance Company Name _____ <input type="checkbox"/> I have no insurance for my home or personal property	Question order adjusted.
26.	BUSINESS DAMAGES Self Employment is primary income? <input type="checkbox"/> YES <input type="checkbox"/> NO Own/Represent a business or rental property affected by disaster? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disaster Related Expenses (uninsured or under-insured) Expense Type Medical Dental Funeral YES _____ NO _____ Insurance Company Name (if insured) _____	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
27.	Number of claimed dependents _____	Disaster Related Vehicle Damage Vehicle Information Year _____ Make _____ Model _____ Damaged? YES _____ NO _____ Drivable? YES _____ NO _____ Comprehensive Insurance? YES _____	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.

		NO _____ Liability Insurance? YES _____ NO _____ Insurance Company Name _____ Registered? YES _____ NO _____	
28.	Combined family pre-disaster gross income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Income Refused	Emergency Needs <input type="checkbox"/> Food, Medication, Durable Medical Equipment, or Gas <input type="checkbox"/> Shelter <input type="checkbox"/> Clothing	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
29.	Electronic Funds Transfer <input type="checkbox"/> YES <input type="checkbox"/> NO Institution Name: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Routing No. _____ (9 digits) Account No.: _____	Persons living in your home at time of disaster Last Name _____ First Name _____ MI _____ Relationship _____ Social Security Number (App and Co-App Only) _____ Age _____	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
30.	Would you prefer to receive notification via traditional postal mail or E-mail? <input type="checkbox"/> Postal Mail <input type="checkbox"/> E-Mail	Business Damages Household's source of income is self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Own a business or rental property affected by the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
31.	Would you like to receive additional updates via text message?	No. of Dependents (including yourself) _____	Question order adjusted. Question reworded to match

	<input type="checkbox"/> YES <input type="checkbox"/> NO		Tele-registration/Internet RI script.
32.	In which language would you like to receive letters? <input type="checkbox"/> English <input type="checkbox"/> Spanish	Family's pre-disaster income before taxes are deducted \$_____ <input type="checkbox"/> Income not available	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
33.	Social Security Administration's Change of Address Request When do you want this change to take effect? _____ Make the change effective_____	Electronic Funds Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No Bank/Financial Institution Name:_____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Routing No._____(9 digits) Account No.:_____	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
34.	Level of Damage to Home or Personal Property: <input type="checkbox"/> Minor damage but able to live in my home <input type="checkbox"/> Damage to Home/Personal Property and may not be able to live in my home <input type="checkbox"/> Damage to Home/Personal Property requires major repairs. Not able to live in home. <input type="checkbox"/> My home was destroyed <input type="checkbox"/> Unknown	Correspondence language? <input type="checkbox"/> English <input type="checkbox"/> Spanish	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
35.	Comments _____	Traditional postal mail or electronic notification? <input type="checkbox"/> Postal Mail <input type="checkbox"/> E-Mail	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.

36.	FEMA Representative _____ —	Receive text messaging updates? <input type="checkbox"/> Yes <input type="checkbox"/> No Mobile Phone No.: _____ Agree to text messaging terms? <input type="checkbox"/> Yes <input type="checkbox"/> No	Question order adjusted. Question reworded to match Tele-registration/Internet RI script.
37.	N/A	Comments _____	Question order adjusted.
38.	N/A	FEMA Representative _____	Question order adjusted.
Page 2. 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.	1. Check <i>Mr.</i> or <i>Ms.</i> to properly address correspondence. 2. Enter the last name, first name, and middle initial of applicant. Enter <i>JR, SR, III</i> , etc. following the last name if applicable. If the registration is for Business ONLY, enter the business owner's name or representative (not the business name). If the registration is for Funeral ONLY, enter the name of the person responsible for the funeral expenses. 3. Enter the language applicant speaks. If the applicant speaks English, leave blank. 4. Enter applicant's Social Security Number (SSN). If the applicant does not have an SSN but has a dependent child with an SSN, enter the child's SSN	Instructions updated to reflect question updates.

	<p>7. 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).</p> <p>8. Enter the full physical street address at which the damage occurred. Do not enter a P.O. or general delivery address.</p> <p>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.</p> <p>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.</p> <p>11. 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.</p>	<p>and information in fields 1-6. If the registration is for Business ONLY, enter the responsible party's SSN, to be used only as an identifier. If the registration is for Funeral ONLY, enter the SSN of the person responsible for the funeral expenses.</p> <p>5. Enter applicant's date of birth.</p> <p>6. Enter applicant's e-mail address, if available.</p> <p>7. Accommodation or assistance may include, but is not limited to, sign language interpreter, Braille, large print, accessible electronic format, or materials in a language other than English. FEMA programs may include, but are not limited to, home inspection, town hall meetings, access to a Disaster Recovery Centers, or accessible temporary housing (if eligible). Check Yes or No accordingly. If Yes, check all needs that apply.</p> <p>8. The Americans with Disabilities Act (ADA) defines disability as "a physical or mental impairment that substantially limits one or more of the major life activities of such</p>	
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	<p>12. If the applicant had Personal Property Damage, e.g., appliances, clothing, and/or furniture), check Yes.</p> <p>13. If the applicant's utilities are not working (out), check "Yes." Utilities may include sewer, water, gas, electricity, and/or heating.</p> <p>14. Check the current Location where the applicant is living.</p> <p>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.)</p> <p>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."</p> <p>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</p>	<p>individual." 42 USC 12102(2) (A). If the applicant or household member has such a disability, check Yes. If Yes, check all that apply or Prefer Not to Answer.</p> <p>9. If the applicant or household member had any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost or disrupted because of the disaster, check Yes and check all that apply.</p> <p>10. <i>Damaged Dwelling Phone:</i> Beginning with the area code, enter the phone number used at the damaged dwelling at the time of the disaster, even if the number is not currently working. If there was no home phone at the time of the disaster, enter a cell phone or current phone number. <i>Cell Phone:</i> Enter applicant's cell phone number if applicable.</p> <p>11. <i>Current Phone:</i> Enter the current phone number where the applicant can be reached. <i>Alternate Phone:</i> Enter an alternate phone number where FEMA can reach the applicant or leave a message, if applicable. Use the <i>Note</i></p>	
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	<p>applicant pays no rent.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	<p>field if specific contact information is needed (i.e. family member's phone number, neighbor, minister, etc.).</p> <p>12. Enter the full physical street address exactly as it appears on a utility bill. Do not use any abbreviations, do not enter a "#" symbol and do not enter a PO Box or general delivery address.</p> <p>13. If the applicant is named on the deed, or applicant maintains the home, pays no rent and pays taxes (if applicable) or has lifetime occupancy rights while not holding the legal title to the home, check <i>Own</i>. Check <i>Rent</i> if the applicant does not meet any of the ownership criteria, even if the applicant pays no rent.</p> <p>14. Check <i>Same as Damaged Address</i>, if applicable. If different, enter the address where the applicant is currently receiving mail. A PO Box or general delivery address may be used.</p> <p>15. Check all damage types that apply. <i>Other</i> may include explosion, drought, riot, etc.</p> <p>16. Check <i>Yes</i> if the applicant's home was</p>	
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	<p>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.</p> <p>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 .</p> <p>23. If the applicant has Emergency Needs (e.g, food, clothing, shelter), check the appropriate box for type of need.</p> <p>24. 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.</p> <p>25. List information for the applicant and all other persons/dependents who consider the home to be their primary residence at</p>	<p>damaged by the disaster. Check <i>No</i> if no damage to the applicant's home or if the applicant is applying for Business, Transportation, or Funeral ONLY. Check <i>Unknown</i> if the applicant is unsure of the damage to the home.</p> <p>17. Check <i>Yes</i> if the applicant had personal property damage (i.e. appliances, clothing, and/or furniture). Check <i>No</i> if no damage to the applicant's personal property, or if the applicant is applying for Business, Transportation, or Funeral ONLY. Check <i>Unknown</i> if the applicant is unsure of personal property damage.</p> <p>18. Check <i>Yes</i> if the applicant has been without essential utilities for at least 5 days. Check <i>No</i> if the applicant has essential utilities or were without them for less than 5 days.</p> <p>19. Check <i>Yes</i> if the applicant has increased financial burden due to new or additional child care costs. Check <i>No</i> if the applicant does not have child care costs or child care costs have not increased.</p>	
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	<p>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.</p> <p>26. SELF EMPLOYMENT IS PRIMARY INCOME? Check appropriately. OWNS/REPRESENTS BUSINESS OR RENTAL PROPERTY? Check appropriately.</p> <p>27. Enter the number of claimed dependents as listed on the applicant's Federal Tax Return.</p> <p>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.</p> <p>29. If the applicant would like FEMA to automatically transfer assistance into their checking or savings account, check "Yes" next to Electronic Funds</p>	<p>20. Check the level of disaster damage to applicant's home and/or personal property that best applies based on the provided options.</p> <p>21. Check the location where the applicant is currently living or staying.</p> <p>22. Check the residence type for which the applicant is applying.</p> <p>23. Check Yes if the affected home is the applicant's primary residence (where the applicant lives more than 6 months of the year, listed the address on their Federal Tax Return, or files a homestead exemption at the address). Check No if the affected home is a secondary residence or vacation home, or if the registration is Business, Transportation, or Funeral ONLY.</p> <p>24. Check Yes if the residence does not have restricted access, or if the registration is Business, Transportation, or Funeral ONLY. Check No, due to mandatory evacuation if the residence is inaccessible due to mandatory evacuation. Check No, due to damages to roads or bridges in the area if</p>	
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	<p>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.</p> <p>30. Check how the applicant would like to receive correspondence. Postal Mail or E-mail</p> <p>31. Select the language the applicant would like to receive correspondence. English or Spanish</p> <p>32. If applicant would like to receive status updates via text message. Confirm Alternate Cell phone.</p> <p>33. If applicable, enter Social Security Administration's Change of Address Request</p> <p>34. Select the level of damage that best matches applicant's situation.</p> <p>35. Enter any comments</p>	<p>the residence is inaccessible due to damage caused by the disaster.</p> <p>25. List all insurance types the applicant held at the time of the disaster for the home and/or personal property, including but not limited to sewer backup, earthquake, and/or flood, and the insurance company name. Check <i>I have no insurance for my home or personal property</i> if there was no insurance coverage for the home or personal property losses.</p> <p>26. If the applicant incurred uninsured or underinsured medical, dental, and/or funeral expenses as a direct result of the disaster, check <i>Yes</i> for each applicable expense category. If the applicant had insurance for the expense, list the insurance company name.</p> <p>27. Enter all vehicles owned by the applicant or anyone in the household. <i>Year:</i> Enter the year the vehicle was manufactured. <i>Make:</i> Enter the vehicle make. <i>Model:</i> Enter the vehicle model. <i>Damaged:</i> Check <i>Yes</i> or <i>No</i> to indicate if the vehicle was damaged by the disaster (if</p>	
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	<p>36. Enter name of the FEMA representative filing out form.</p>	<p>unknown, check <i>No</i>). <i>Drivable</i>: Check <i>Yes</i> or <i>No</i> to indicate if the vehicle is currently drivable (if unknown, check <i>No</i>). <i>Comprehensive Insurance</i>: Check <i>Yes</i> or <i>No</i> to indicate if the vehicle is covered by comprehensive insurance. <i>Liability Insurance</i>: Check <i>Yes</i> or <i>No</i> to indicate if the vehicle is covered by liability insurance (if unknown, check <i>No</i>). Enter the insurance company name if the vehicle is covered by comprehensive or liability insurance. <i>Registered</i>: Check <i>Yes</i> or <i>No</i> to indicate if the vehicle is registered.</p> <p>28. Check each emergency need (essential items for day-to-day existence). Emergency needs do not include stored food.</p> <p>29. Enter the information for the applicant and all persons who considered the home to be their primary residence at the time of the disaster, whether or not they are related to the applicant. Include the SSN for only the applicant and co-applicant (if applicable).</p> <p>30. Check <i>Yes</i> or <i>No</i> to indicate whether the household's primary source of income is from self-employment. Check <i>Yes</i> or <i>No</i> to</p>	
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		<p>indicate whether the applicant owns or represents a business or rental property affected by the disaster.</p> <p>31. Enter the number of dependents, including the applicant and those listed as dependents on their Federal Tax Return.</p> <p>32. Enter the pre-disaster household annual gross income (the total household income before any deductions are subtracted, including income from welfare, child support, stocks, interest, and/or annuities. DO NOT include food stamps or HUD Section 8 assistance). If the applicant is "living off savings, family, or friends," enter the approximate amount they receive yearly.</p> <p>33. If the applicant is found eligible for FEMA assistance and would like funds directly deposited into their bank account, check Yes. If Yes, enter the name of the applicant's financial institution, their 9-digit routing number (the 9-digit number that appears in the lower left corner of a check), the account type, and the applicant's account number (found at the bottom of a check</p>	
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		<p>immediately after the routing number). NOTE: Applicant's name must be on the account.</p> <p>34. Check the language in which the applicant prefers to receive FEMA correspondence.</p> <p>35. Check the form of communication through which the applicant prefers to receive FEMA correspondence.</p> <p>36. Text messaging is an optional service. Check <i>Yes</i> if the applicant wants to receive text message status alerts in addition to e-mail or postal mail. If <i>Yes</i>, enter the mobile phone number through which the applicant would like to receive text messages. Check <i>Yes</i> or <i>No</i> to indicate if the applicant agrees to the terms of text messaging (<i>FEMA text messages do not replace postal mail or e-mail; FEMA's text messaging number is 4FEMA [43362]. Please note you may also receive a text message from a FEMA inspector to schedule an appointment for your inspection; Standard text message rates apply.</i>).</p> <p>37. Enter any comments.</p> <p>38. Enter name of the</p>	
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		FEMA representative filling out the form.	
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