

1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	2. Name of Applicant (last, first, MI)	3. Language	4. Applicant Social Security No.	5. Date of Birth	6. Email
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7. Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs? Yes No

If Yes, what do you need? (select all that apply)

<input type="checkbox"/> Sign language interpreter	<input type="checkbox"/> Language other than English
<input type="checkbox"/> CART (Communication Access Real-time Translation) (in person or remote)	<input type="checkbox"/> Spanish – Español
<input type="checkbox"/> Text messages to communicate	<input type="checkbox"/> Arabic – العربية
<input type="checkbox"/> Assistive listening device	<input type="checkbox"/> Haitian Creole – Kreyòl Ayisyen
<input type="checkbox"/> Braille	<input type="checkbox"/> Russian – Русский
<input type="checkbox"/> Large print	<input type="checkbox"/> Vietnamese – Tiếng Việt
<input type="checkbox"/> Face-to-face assistance (reader or writer)	<input type="checkbox"/> Samoan – Sāmoa
<input type="checkbox"/> Wheelchair access	<input type="checkbox"/> Mandarin – 中文
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

8. Do you or anyone in your household have a disability that affects your ability to perform 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.) Yes 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

9. Did you have any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster? Yes No

If Yes, select all that apply:

<input type="checkbox"/> Power/manual wheelchair	<input type="checkbox"/> Adaptive van/vehicle
<input type="checkbox"/> Scooter	<input type="checkbox"/> Walker/cane/crutches
<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Medication/medical supplies including adult diapers and catheters
<input type="checkbox"/> Oxygen/respiratory equipment	<input type="checkbox"/> Service animal
<input type="checkbox"/> Medical equipment that depends on electricity	<input type="checkbox"/> Personal assistance services/in-home care
<input type="checkbox"/> Assistive technology device for hearing/vision, such as hearing aid, screen enlarging software, etc.	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair	<input type="checkbox"/> Other _____
<input type="checkbox"/> Environmental control/alerting devices	

10. Damaged Dwelling Phone No. _____ Cell Phone No. _____	11. Current Phone No. _____ Alternate Phone No. _____ Note: _____
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12. Damaged Dwelling Address	No.	Street	Apt/Lot	City.	State	Zip	County
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13. Do You: Own Rent

14. Mailing Address	No.	Street	Apt/Lot	City.	State	Zip
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Same as Damaged Address

15. Damage Type:

<input type="checkbox"/> Flood	<input type="checkbox"/> Power Surge/Lightning	<input type="checkbox"/> Sewer Backup	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Ice/Snow
<input type="checkbox"/> Hurricane/Hail/Rain/Wind Driven Rain	<input type="checkbox"/> Seepage	<input type="checkbox"/> Tornado/Wind	<input type="checkbox"/> Fire/Lava Flow/Ash	<input type="checkbox"/> Other _____

16. Home Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	17. Personal Property Damage (not including vehicles)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	18. Utilities Out 5 days or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. New or additional child care costs because of disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No
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20. Level of Damage to Home or Personal Property:

<input type="checkbox"/> Minor damage but able to live in home	<input type="checkbox"/> Home was destroyed
<input type="checkbox"/> Damage to Home/Personal Property and may not be able to live in home	<input type="checkbox"/> Unknown
<input type="checkbox"/> Damage to Home/Personal Property requires major repairs. Not able to live in home.	

21. Current Location?

<input type="checkbox"/> My Home	<input type="checkbox"/> Mass Shelter	<input type="checkbox"/> FEMA Provided Unit	<input type="checkbox"/> Purchased New Home	<input type="checkbox"/> Secondary Residence
<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Church/House of Worship	<input type="checkbox"/> New Permanent Rental	<input type="checkbox"/> Place of Employment	<input type="checkbox"/> My Vehicle
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Homeless	<input type="checkbox"/> New Temporary Rental	<input type="checkbox"/> RV/Camper	<input type="checkbox"/> Tent

22. Type of Home?

- Home-Single/Duplex Condo Assisted Living Facility Correctional Facility
 Mobile Home Apartment Boat Military Housing
 Townhouse Travel Trailer College Dormitory Other _____

23. Primary Residence? Yes No

24. Currently able to get to your home?

- Yes No, due to mandatory evacuation No, due to damages to roads or bridges in the area

25. Home/Personal Property Insurance

Insurance Type	Insurance Company Name

I have no insurance for my home or personal property

26. Disaster Related Expenses (uninsured or under-insured)

	YES	NO	Insurance Company Name (if insured)
Medical			
Dental			
Funeral			

27. Disaster Related Vehicle Damage

Vehicle Information			Damaged?		Drivable?		Comprehensive Insurance?		Liability Insurance?		Insurance Company Name	Registered?	
Year	Make	Model	YES	NO	YES	NO	YES	NO	YES	NO		YES	NO

28. Emergency Needs: Food, Medication, Durable Medical Equipment or Gas Shelter Clothing

29. Persons living in your home at time of disaster

Last Name	First Name	MI	Relationship	Social Security Number (App and Co-App Only)	Age

30. Business Damages

Household's source of income is self-employment? Yes No Own a business or rental property affected by the disaster? Yes No

31. No. of Dependents (including yourself) _____

32. Family's pre-disaster income before taxes are deducted \$ _____

Income not available

33. Electronic Funds Transfer Yes No

Bank/Financial Institution Name: _____

Account Type: Checking Savings Routing No. _____ (9 digits)

Account No.: _____

34. Correspondence language?

- English
 Spanish

35. Traditional postal mail or electronic notification?

- Postal Mail
 E-Mail

36. Receive text messaging updates?

- Yes No

Mobile Phone No. _____

Agree to text messaging terms? Yes No

37. Comments:

38. FEMA Representative: _____

Application/Registration for Disaster Assistance Instructions

1. Check *Mr.* or *Ms.* to properly address correspondence.
2. Enter the last name, first name, and middle initial of applicant. Enter *JR, SR, III*, 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 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.
5. Enter applicant's date of birth.
6. Enter applicant's e-mail address, if available.
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.
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 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*.
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.
10. **Damaged Dwelling Phone:** 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. **Cell Phone:** Enter applicant's cell phone number if applicable.
11. **Current Phone:** Enter the current phone number where the applicant can be reached. **Alternate Phone:** Enter an alternate phone number where FEMA can reach the applicant or leave a message, if applicable. Use the *Note* field if specific contact information is needed (i.e. family member's phone number, neighbor, minister, etc.).
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.
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 *Own*. Check *Rent* if the applicant does not meet any of the ownership criteria, even if the applicant pays no rent.
14. Check *Same as Damaged Address*, if applicable. If different, enter the address where the applicant is currently receiving mail. A PO Box or general delivery address may be used.
15. Check all damage types that apply. *Other* may include explosion, drought, riot, etc.
16. Check *Yes* if the applicant's home was damaged by the disaster. Check *No* if no damage to the applicant's home or if the applicant is applying for Business, Transportation, or Funeral ONLY. Check *Unknown* if the applicant is unsure of the damage to the home.
17. Check *Yes* if the applicant had personal property damage (i.e. appliances, clothing, and/or furniture). Check *No* if no damage to the applicant's personal property, or if the applicant is applying for Business, Transportation, or Funeral ONLY. Check *Unknown* if the applicant is unsure of personal property damage.
18. Check *Yes* if the applicant has been without essential utilities for at least 5 days. Check *No* if the applicant has essential utilities or were without them for less than 5 days.
19. Check *Yes* if the applicant has increased financial burden due to new or additional child care costs. Check *No* if the applicant does not have child care costs or child care costs have not increased.
20. Check the level of disaster damage to applicant's home and/or personal property that best applies based on the provided options.
21. Check the location where the applicant is currently living or staying.
22. Check the residence type for which the applicant is applying.
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.
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 the residence is inaccessible due to damage caused by the disaster.
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 have no insurance for my home or personal property* if there was no insurance coverage for the home or personal property losses.
26. If the applicant incurred uninsured or underinsured medical, dental, and/or funeral expenses as a direct result of the disaster, check *Yes* for each applicable expense category. If the applicant had insurance for the expense, list the insurance company name.
27. Enter all vehicles owned by the applicant or anyone in the household. **Year:** Enter the year the vehicle was manufactured. **Make:** Enter the vehicle make. **Model:** Enter the vehicle model. **Damaged:** Check *Yes* or *No* to indicate if the vehicle was damaged by the disaster (if unknown, check *No*). **Drivable:** Check *Yes* or *No* to indicate if the vehicle is currently drivable (if unknown, check *No*). **Comprehensive Insurance:** Check *Yes* or *No* to indicate if the vehicle is covered by comprehensive insurance. **Liability Insurance:** Check *Yes* or *No* to indicate if the vehicle is covered by liability insurance (if unknown, check *No*). Enter the insurance company name if the vehicle is covered by comprehensive or liability insurance. **Registered:** Check *Yes* or *No* to indicate if the vehicle is registered.
28. Check each emergency need (essential items for day-to-day existence). Emergency needs do not include stored food.
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).
30. Check *Yes* or *No* to indicate whether the household's primary source of income is from self-employment. Check *Yes* or *No* to indicate whether the applicant owns or represents a business or rental property affected by the disaster.
31. Enter the number of dependents, including the applicant and those listed as dependents on their Federal Tax Return.
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.
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 immediately after the routing number). NOTE: Applicant's name must be on the account.
34. Check the language in which the applicant prefers to receive FEMA correspondence.
35. Check the form of communication through which the applicant prefers to receive FEMA correspondence.
36. Text messaging is an optional service. Check *Yes* if the applicant wants to receive text message status alerts in addition to e-mail or postal mail. If *Yes*, enter the mobile phone number through which the applicant would like to receive text messages. Check *Yes* or *No* to indicate if the applicant agrees to the terms of text messaging (*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.*)
37. Enter any comments.
38. Enter name of the FEMA representative filling out the form.

PRIVACY NOTICE

AUTHORITY: FEMA collects, uses, maintains, retrieves, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Pub. L. No. 93-288, as amended, 42 U.S.C. §§ 5121-5207; 6 U.S.C. §§ 776-77, 795; the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d), 7701(c)(1); the Government Performance and Results Act, Pub. L. No. 103-62, as amended; Reorganization Plan No. 3 of 1978; Executive Order 13411, "Improving Assistance for Disaster Victims," August 29, 2006; and Executive Order 12862 "Setting Customer Service Standards," September 11, 2003, as described in this notice.

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed internally within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants. FEMA collects the social security number (SSN) to verify an applicant's identity and to prevent a duplication of benefits.

ROUTINE USE(S):

FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their disaster assistance files outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. FEMA may share the personal information of non-citizens, as permitted by the following Privacy Impact Assessments: DHS/FEMA/PIA-012(a) Disaster Assistance Improvement Plain (DAIP) (Nov. 16, 2012); DHS/FEMA/PIA-027 National Emergency Management Information System - Individual Assistance (NEMIS-IA) Web-based and Client-based Modules (June 29, 2012); DHS/FEMA/PIA-015 Quality Assurance Recording System (Aug. 15, 2014). This includes sharing your personal information with federal, state, tribal, local agencies and voluntary organizations to enable individuals to receive additional disaster assistance, to prevent duplicating your benefits, or for FEMA to recover disaster funds received erroneously, spent inappropriately, or through fraud as necessary and authorized by routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013) and upon written request, by agreement or as required by law.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: The disclosure of information, including the SSN, on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

PAPERWORK BURDEN DISCLOSURE NOTICE 009-0-1 (Paper Application)

Public reporting burden for this data collection is estimated to average 18 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C St. SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002) **NOTE: Do not send your completed form to this address.**