

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**DIRECT TEMPORARY HOUSING ASSISTANCE RECERTIFICATION WORKSHEET**

OMB No.: 1660-0138  
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 (1660-0138). **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 determining the continued eligibility for occupants of direct temporary housing assistance 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 applicant from receiving the requested disaster-related temporary housing assistance.

1. DISASTER #:		2. APPLICANT NAME:			3. REGISTRATION #:				
4. PRE-DISASTER HOUSING STATUS: <input type="checkbox"/> OWNER <input type="checkbox"/> RENTER		5. ADDRESS OF TEMPORARY HOUSING UNIT (THU):			6. # OF BEDROOMS IN UNIT THU: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
7. PARK/SITE NAME:					8. CURRENT PHONE #:				
9. MOVE-IN DATE:		9a. TARGET MOVE-OUT DATE:		10. LOT #:		11. SITE CONTROL #:			
12. SITE TYPE: <input type="checkbox"/> Private Site <input type="checkbox"/> Commercial Park <input type="checkbox"/> Group Site <input type="checkbox"/> Other <input type="checkbox"/> Multi-Family Lease and Repair <input type="checkbox"/> Direct Lease				13. RECERTIFICATION DATE:		14. TRANSPORTABLE TEMPORARY HOUSING UNIT (TTHU) INFORMATION:			
15. VIN # (Applicable to MHU):		16. BARCODE # (Applicable to MHU):		17. RECERTIFICATION VISIT #:		17a. DATE OF LAST RECERTIFICATION VISIT:			
18. Persons Living in THU:				19. Household Income of all Occupants 18 Years of Age or Older					
NAME	REL	SEX	AGE	AUTH YES	NO	a. PRE-DISASTER INCOME	Initials	b. POST-DISASTER INCOME	Initials
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				
				<input type="checkbox"/>	<input type="checkbox"/>				

20. BEDROOM REQUIREMENT: _____	21. FMR FOR COUNTY/JURISDICTION OF DAMAGED DWELLING: _____
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22. HOUSING COSTS (OWNERS ONLY)

*Pre-Disaster Mortgage: _____	*Post-Disaster Mortgage: _____
Pre-Disaster Utilities: _____	Post-Disaster Utilities: _____

\*Includes Mortgage, Property Taxes, Homeowners insurance

22a. HOUSING PLAN PROGRESS FOR OWNERS

HAVE THE REPAIRS BEGUN?  YES  NO    IF SO, HAS A CONTRACTOR BEEN HIRED OR VOLUNTEERED?  YES  NO

CONTRACTOR'S NAME: _____	PERMITS OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTRACTOR'S ADDRESS: _____	DATE: _____
CONTRACTOR'S PHONE #: _____	DELAY IN COMPLETING THE REPAIRS TO THE DAMAGED DWELLING? <input type="checkbox"/> YES <input type="checkbox"/> NO
DELAY IN PURCHASING A HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	

IF YES, PLEASE SPECIFY: _____	PERCENTAGE OF REPAIRS COMPLETE: _____
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22b. HOUSING COSTS (RENTERS ONLY)

Pre-Disaster Rent: _____	Pre-Disaster Utilities: _____
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## DIRECT TEMPORARY HOUSING ASSISTANCE RECERTIFICATION WORKSHEET

22c. HOUSING PLAN PROGRESS FOR RENTERS		RENTAL RESOURCES OFFERED <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF RENTAL RESOURCES OFFERED: _____	
DID THE APPLICANT REFUSE THE RENTAL RESOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE SPECIFY THE REFUSAL REASON: _____					
23. REALISTIC PERMANENT HOUSING PLAN				23a. PROJECTED DATE FOR HOUSING PLAN COMPLETION	
<input type="checkbox"/> RENT A RENTAL RESOURCE		<input type="checkbox"/> PURCHASE A HOME			
<input type="checkbox"/> REPAIR/REBUILD DAMAGED DWELLING		<input type="checkbox"/> PURCHASE FEMA TTHU (APPLICABLE IF SALES TO OCCUPANTS IS ACTIVATED)			
<input type="checkbox"/> MOVE IN WITH FAMILY/FRIENDS					
23b. PERMANENT HOUSING PLAN DOCUMENTATION VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF SO, PLEASE SPECIFY THE VERIFIED DOCUMENTATION: _____					
PRE-DISASTER HUD/SECTION 8:		<input type="checkbox"/> YES <input type="checkbox"/> NO		VAL ASSISTANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE HOUSING/GRANT ASSISTANCE PROGRAM:		<input type="checkbox"/> YES <input type="checkbox"/> 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 ADVISOR NAME:			24a. RECERTIFICATION RECOMMENDATIONS:		
25. HOUSING GROUP SUPERVISOR SIGNATURE				DATE	
APPROVED CONTINUED <input type="checkbox"/>		APPROVED DATES		TOTAL MONTHS:	
DENIED <input type="checkbox"/>		FROM _____ TO _____		_____	
25a. DENIAL REASONS: <input type="checkbox"/> GENERAL VIOLATION <input type="checkbox"/> MAJOR VIOLATION <input type="checkbox"/> OTHER (See Notes)					
NOTES:					
26. FOR SUPERVISOR USE ONLY					
RECERTIFICATION APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF MONTHS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			

# DIRECT TEMPORARY HOUSING ASSISTANCE RECERTIFICATION CHECKLIST

Applicant's Name:	Registration #:	Disaster #:
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## INTRODUCTION

- Introduce yourself and show the person your FEMA Identification.
- Explain why you are there - to conduct a recertification.
- Verify the identity of the person completing the recertification (applicant or co-applicant).
- Verify Written Consent/Release of Information on file (ROI).
- Verify the unit number (Applicable to MHU).
- Provide a scope of the Recertification.
- Explain what you will be doing today.

## RECERTIFICATION WORKSHEET

- Complete Worksheet.
- If a copy of income and mortgage information is not provided by applicant, take picture of the original document.
- Document the housing plan information provided during each recertification visit i.e. lease, housing searches, progress of repairs to damaged dwelling address.
- Verify Written Consent/Release of Information on file (ROI).
- Make appropriate contacts to contractors to confirm progress of repairs. Make contacts to rental resources to confirm availability.
- Offer rental resources when appropriate.
- Conduct a follow-up with the applicant to ensure rental resources provided were contacted.

## REPAIR PROGRESS CHECKLIST (OWNERS ONLY)

- Inform occupant of the need to evaluate what repairs have been completed.
- Document and evaluate the repairs and damage to the dwelling which has rendered the home inhabitable (essential repairs only).
- If necessary, go to damaged dwelling and record outside condition (e.g., does it look like repair work has begun). Record the observations in comments section.
- If unsure about the state of repairs, ask the occupant if it was damaged or has already been repaired.
- Explain to occupant that you are only recording what you observe.
- 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 (First Recert Only).
- Take a picture of each room that is still being repaired. Picture should capture the damage to that specific room.
- Take a picture of the exterior damages that are still in the repair phase; essential to the habitability of the dwelling.

## RECAP

- Document the condition (e.g., maintenance issues, interior, exterior damages and furnishings) of the unit on the Transportable Temporary Housing Unit Inspection Report (FF-104-FY-21-111).
- Document the occupant's NEMIS file with all recertification information documented as each visit.
- Inform the occupant of your recommendation for recertification and what was observed during this visit.
- Inform the occupant they will be notified within 7 - 14 days of their eligibility for recertification.
- Provide FEMA Contact Numbers (Helpline, Maintenance, Sales, etc.).
- Remind occupant to update FEMA if contact information changes, e.g., phone number.

# REPAIR PROGRESS CHECKLIST (FOR PRE-DISASTER OWNERS ONLY)

1. INSPECTION DATE:

2. RECERTIFICATION #:	3. PRIMARY OCCUPANT'S NAME:	4. REGISTRATION ID #:	5. DISASTER #:
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6. DAMAGED DWELLING ADDRESS:	7. DAMAGED DWELLING DESCRIPTION:
	<input type="checkbox"/> Apartment <input type="checkbox"/> House-Single/Duplex <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Boat <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse

8. CONDITION OF ROOMS, INTERIOR, & EXTERIOR AT THE TIME OF RECERTIFICATION  
*Instructions: Take basic pictures of essential rooms and damages that continue to render the home unlivable.*  
**RP=Repairs Completed RB=Repairs Begun RN=Repairs Not Started UD=Undamaged N/A=Non Applicable**

Damages	Picture Taken	Condition	Room	Picture Taken	Condition	Room	Picture Taken	Condition
<b>Living Room (LR)</b>			<b>Bedroom 1 (BR1)</b>			<b>Bathroom 1 (BA1)</b>		
Ceiling	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>		Toilet	<input type="checkbox"/>	
Floor	<input type="checkbox"/>		Floor	<input type="checkbox"/>		Sink	<input type="checkbox"/>	
Outlet/Switches	<input type="checkbox"/>		Outlet/Switches	<input type="checkbox"/>		Tub/Shower	<input type="checkbox"/>	
Wall	<input type="checkbox"/>		Wall	<input type="checkbox"/>		Faucets/Plumbing	<input type="checkbox"/>	
Window	<input type="checkbox"/>		Window	<input type="checkbox"/>		Walls	<input type="checkbox"/>	
<b>Kitchen (KIT)</b>			<b>Bedroom 2 (BR2)</b>			Window	<input type="checkbox"/>	
Cabinets	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>		Cabinet	<input type="checkbox"/>	
Ceiling	<input type="checkbox"/>		Floor	<input type="checkbox"/>		<b>Bathroom 2 (BA2)</b>		
Faucets/Plumbing	<input type="checkbox"/>		Outlet/Switches	<input type="checkbox"/>		Toilet	<input type="checkbox"/>	
Floor	<input type="checkbox"/>		Wall	<input type="checkbox"/>		Sink	<input type="checkbox"/>	
Outlet/Switches	<input type="checkbox"/>		Window	<input type="checkbox"/>		Tub/Shower	<input type="checkbox"/>	
Range	<input type="checkbox"/>		<b>Bedroom 3 (BR3)</b>			Faucets/Plumbing	<input type="checkbox"/>	
Refrigerator	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>		Walls	<input type="checkbox"/>	
Sink	<input type="checkbox"/>		Floor	<input type="checkbox"/>		Window	<input type="checkbox"/>	
Wall	<input type="checkbox"/>		Outlet/Switches	<input type="checkbox"/>		Cabinet	<input type="checkbox"/>	
Window	<input type="checkbox"/>		Wall	<input type="checkbox"/>		<b>Bathroom 3 (BA3)</b>		
<b>Utilities</b>			Window	<input type="checkbox"/>		Toilet	<input type="checkbox"/>	
Furnace	<input type="checkbox"/>		<b>Bedroom 4 (BR4)</b>			Sink	<input type="checkbox"/>	
HVAC	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>		Tub/Shower	<input type="checkbox"/>	
Water Heater	<input type="checkbox"/>		Floor	<input type="checkbox"/>		Faucets/Plumbing	<input type="checkbox"/>	
Utilities	<input type="checkbox"/>		Outlet/Switches	<input type="checkbox"/>		Walls	<input type="checkbox"/>	
Gas	<input type="checkbox"/>		Wall	<input type="checkbox"/>		Window	<input type="checkbox"/>	
Electric	<input type="checkbox"/>		Window	<input type="checkbox"/>		Cabinet	<input type="checkbox"/>	
Water	<input type="checkbox"/>		<b>Exterior Walls</b>			<b>Other (OTH)</b>		
<b>Hallway (HWY)</b>			EWL	<input type="checkbox"/>		Debris that hinders repairs or access to DD	<input type="checkbox"/>	
Walls	<input type="checkbox"/>		EWR	<input type="checkbox"/>		Utility Connections (septic, water, electric)	<input type="checkbox"/>	
Outlet/Switches	<input type="checkbox"/>		EWB	<input type="checkbox"/>		Wall Framing	<input type="checkbox"/>	

9. COMMENTS	9a. COMMENTS PLACED IN NEMIS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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10. NAME OF PERSON PRESENT DURING RECERTIFICATION:	11. RELATIONSHIP TO PRIMARY OCCUPANT(i.e. Authorized Household Mbr, Occupant):		
12. FEMA RECERTIFICATION ADVISOR NAME:	13. FEMA RECERTIFICATION STAFF SIGNATURE:	14. DATE:	

**CONTINUED ASSISTANCE  
PICTURE NAMING CONVENTION**

**ME - 123456789 - LR - 080309**

↑                      ↑                      ↑                      ↑  
 First 2 letters of      9 Digit FEMA      Room      Date  
 Applicant's last name      Registration ID#      Identifier      MM/DD/YY

**Room Identifier Legend**

EXTERIOR	INTERIOR ANCILLARY SPACE	INTERIOR LIVING SPACE
<b>EWB:</b> Exterior Wall Back <b>EWF:</b> Exterior Wall Front <b>EWL:</b> Exterior Wall Left <b>EWR:</b> Exterior Wall Right	<b>CRL:</b> Crawlspace <b>BSM:</b> Basement <b>FR:</b> Family Room <b>HWY:</b> Hallway <b>OTH:</b> Other <b>UTM:</b> Utility Room	<b>BA1:</b> Bathrooms (Numbering from closet or inside the master bathroom to furthest away) <b>BR1:</b> Bedrooms (Numbered from closet to master bedroom to furthest away) <b>DR:</b> Dining Room <b>KIT:</b> Kitchen <b>LR:</b> Living Room

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**WH - 123456789 - PSB - 050109**

↑                      ↑                      ↑                      ↑  
 First 2 letters of      9 Digit FEMA      Document      Date  
 Applicant's last name      Registration ID#      Identifier      MM/DD/YY

**Document Identifier Legend**

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