

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

OMB Control No. 1660-0061  
Expires January 31, 2024

**REQUEST FOR ADVANCE DISASTER ASSISTANCE**

Disaster Number:

FEMA Application Number:

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 expenses caused by the disaster. I understand this request does not guarantee I will receive an advance from FEMA.

1. I authorize FEMA to verify with my insurance company that I have filed a claim for the address listed above. I authorize my insurance company to release to FEMA all verifying information related to my insurance claim.

**Insurance Company Name:** \_\_\_\_\_

**Insurance Company Phone #:** \_\_\_\_\_

**Date Claim was Filed:** \_\_\_\_\_ **Claim #:** \_\_\_\_\_

2. I understand before this request for advancement is approved, FEMA will inspect my home for the purpose of recording the disaster-caused damage.
3. When I receive my insurance proceeds, I agree to immediately reimburse FEMA for the full amount of this advance. I will either mail a personal check or money order to:

**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 owed;
  - Reporting your debt to national consumer credit reporting agencies;
  - Referring the debt to the U.S. Department of the Treasury, where payment of your debt may be taken from other federal payments due to you, such as a tax refund. Additional fees may also be charged and added to the debt amount.

This Request for Advancement is submitted pursuant to 28 U.S.C § 1746 under penalty of perjury. I understand that it is my choice to request this advancement and to sign this Request for Advancement.

\_\_\_\_\_  
FEMA Applicant Name (Printed)

\_\_\_\_\_  
FEMA Co-Applicant Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date