

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB Control No. 1660-0002
Expiration Date: 8/31/2022

APPLICATION/REGISTRATION FOR DISASTER ASSISTANCE

REC. #	DR #	Loss Date	APP. DATE																		
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																			
<p>7. 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</p> <p>If Yes, what do you need? (select all that apply)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Sign language interpreter</td> <td><input type="checkbox"/> Language other than English</td> </tr> <tr> <td><input type="checkbox"/> CART (Communication Access Real-time Translation) (in person or remote)</td> <td><input type="checkbox"/> Spanish – Español</td> </tr> <tr> <td><input type="checkbox"/> Text messages to communicate</td> <td><input type="checkbox"/> Arabic – العربية</td> </tr> <tr> <td><input type="checkbox"/> Assistive listening device</td> <td><input type="checkbox"/> Haitian Creole – Kreyòl Ayisyen</td> </tr> <tr> <td><input type="checkbox"/> Braille</td> <td><input type="checkbox"/> Russian – Русский</td> </tr> <tr> <td><input type="checkbox"/> Large print</td> <td><input type="checkbox"/> Vietnamese – Tiếng Việt</td> </tr> <tr> <td><input type="checkbox"/> Face-to-face assistance (reader or writer)</td> <td><input type="checkbox"/> Samoan – Sāmoa</td> </tr> <tr> <td><input type="checkbox"/> Wheelchair access</td> <td><input type="checkbox"/> Mandarin – 中文</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>				<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 _____
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<p>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.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, select all that apply:</p> <table style="width: 100%;"> <tr><td><input type="checkbox"/> Mobility</td></tr> <tr><td><input type="checkbox"/> Cognitive/Developmental Disabilities/Mental Health</td></tr> <tr><td><input type="checkbox"/> Hearing/Speech</td></tr> <tr><td><input type="checkbox"/> Vision</td></tr> <tr><td><input type="checkbox"/> Self-Care</td></tr> <tr><td><input type="checkbox"/> Independent Living</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Prefer Not to Answer</td></tr> </table>				<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										
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<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, select all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Power/manual wheelchair</td> <td><input type="checkbox"/> Adaptive van/vehicle</td> </tr> <tr> <td><input type="checkbox"/> Scooter</td> <td><input type="checkbox"/> Walker/cane/crutches</td> </tr> <tr> <td><input type="checkbox"/> Prosthesis</td> <td><input type="checkbox"/> Medication/medical supplies including adult diapers and catheters</td> </tr> <tr> <td><input type="checkbox"/> Oxygen/respiratory equipment</td> <td><input type="checkbox"/> Service animal</td> </tr> <tr> <td><input type="checkbox"/> Medical equipment that depends on electricity</td> <td><input type="checkbox"/> Personal assistance services/in-home care</td> </tr> <tr> <td><input type="checkbox"/> Assistive technology device for hearing/vision, such as hearing aid, screen enlarging software, etc.</td> <td><input type="checkbox"/> Dialysis</td> </tr> <tr> <td><input type="checkbox"/> Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Environmental control/alerting devices</td> <td></td> </tr> </table>				<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			
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<p>10. Damaged Dwelling Phone No. _____ Cell Phone No. _____</p>		<p>11. Current Phone No. _____ Alternate Phone No. _____ Note: _____</p>																			
<p>12. Damaged Dwelling Address</p> <table style="width: 100%;"> <tr> <td>No.</td> <td>Street</td> <td>Apt/Lot</td> <td>City</td> <td>State</td> <td>Zip</td> <td>County</td> </tr> </table>				No.	Street	Apt/Lot	City	State	Zip	County											
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<p>13. Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent</p>																					

14. Mailing Address <input type="checkbox"/> Same as Damaged Address														
No.		Street			Apt/Lot		City		State Zip		County			
15. Damage Type:														
<input type="checkbox"/> Flood			<input type="checkbox"/> Seepage			<input type="checkbox"/> Earthquake			<input type="checkbox"/> Other _____					
<input type="checkbox"/> Hurricane/Hail/Rain/Wind Driven Rain				<input type="checkbox"/> Sewer Backup			<input type="checkbox"/> Fire/Lava Flow/Ash							
<input type="checkbox"/> Power Surge/Lightning				<input type="checkbox"/> Tornado/Wind			<input type="checkbox"/> Ice/Snow							
16. Home Damage?				17. Personal Property Damage (not including vehicles)?				18. Utilities Out 5 days or more?			19. New or additional child care costs because of disaster?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
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?														
<input type="checkbox"/> Home-Single/Duplex		<input type="checkbox"/> Condo			<input type="checkbox"/> Assisted Living Facility			<input type="checkbox"/> Correctional Facility						
<input type="checkbox"/> Mobile Home		<input type="checkbox"/> Apartment			<input type="checkbox"/> Boat			<input type="checkbox"/> Military Housing						
<input type="checkbox"/> Townhouse		<input type="checkbox"/> Travel Trailer			<input type="checkbox"/> College Dormitory			<input type="checkbox"/> Other _____						
23. Primary Residence?				24. Currently able to get to your home?										
<input type="checkbox"/> Yes <input type="checkbox"/> No				<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					
25. Home/Personal Property Insurance							26. Disaster Related Expenses (uninsured or under-insured)							
Insurance Type		Insurance Company Name					YES		NO		Insurance Company Name (if insured)			
							Medical							
							Dental							
							Funeral							
<input type="checkbox"/> I have no insurance for my home or personal property														
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
			<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"/>
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28. Emergency Needs: <input type="checkbox"/> Food, Medication, Durable Medical Equipment or Gas <input type="checkbox"/> Shelter <input type="checkbox"/> 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?										<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				

31. No. of Dependents (including yourself) _____	32. Family's pre-disaster income before taxes are deducted \$ _____ <input type="checkbox"/> Income not available
33. 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 Routing No. (9 digits): _____ Account No.: _____	34. Correspondence language? <input type="checkbox"/> English <input type="checkbox"/> Spanish 35. Traditional postal mail or electronic notification? <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
36. 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	
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 under-insured 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.