

**INDIVIDUALS AND HOUSEHOLDS PROGRAM  
APPLICATION FOR CONTINUED TEMPORARY HOUSING ASSISTANCE**

**Instructions for Completing Your Application for Continued Temporary Housing Assistance**

Please read these instructions prior to filling out your "Application for Continued Temporary Housing Assistance".

**STEP ONE:** Fill out the form. **NOTE:** After your initial "Application for Continued Temporary Housing Assistance" is approved, the "Pre-Disaster or Prior Reported" column on the form will be filled-in for you, using the information provided by you in your previously approved request.

**Items 1-6**

Items 1 through 6 will be filled-in for you, using the information provided by you at registration. If the information supplied on the form is correct, you may move on to Item 7: "Housing Costs." However, if the information is incorrect, please check the box that is incorrect and provide the updated information.

Current Mailing Address is the address you want FEMA to send you disaster assistance information, such as letters regarding your eligibility for continued temporary housing assistance.

Current Phone is the phone number that FEMA can use to contact you about your application for continued temporary housing assistance and other disaster assistance.

**Item 7**

You will need to supply the dollar amount of both pre-disaster and current expenses that are applicable to your household.

Next to the appropriate "Expense" enter the dollar amount of your bill or payment.

**You must submit a copy of each document to prove the dollar amount included as a "Housing Cost."** This would include documents such as your mortgage statement, rent receipts and utility bills. Shade in the circle next to the "Expense" indicating that you have attached the document to your application. You must submit documentation that can be verified; otherwise the amount will not be accepted.

Under "Payment Cycle", shade in the circle indicating how you are billed for the housing expense.

7. Housing Costs (See Instructions for Definitions of Expenses)								
Expense	Pre Disaster or Prior Reported	Current	Shade if Document is Attached	Payment Cycle (How You Are Billed)				
				Monthly (1)	Quarterly (4)	Bi-Annual (6)	Annual (12)	Other
Mortgage	\$1495.00	\$1495.00	●	●	○	○	○	○

**Definitions for certain expenses have been provided below.**

Home Insurance means typical homeowners, renters, flood, or earthquake insurance policy or any other type of insurance policy or rider for the dwelling.

Housing Cost means the rent and/or mortgage payments (including principal, interest, and real estate taxes), real property insurance, and utility costs (not to include cable television, internet, and telephone service).

Housing Unit means a house, apartment, a manufactured home, recreational vehicle, or other readily fabricated dwelling. A room or group of rooms in an occupied dwelling may qualify as a housing unit if the room(s) in which the applicant and household live are separate from any other persons in the dwelling/building, and are generally available to be rented by the public.

**Item 8**

In addition to providing a **copy of your written and signed lease**, you will have to provide the name and phone number of the landlord. The lease must be signed by the applicant or co-applicant and the landlord.

**QUESTIONS OR NEED ASSISTANCE?**

If you have any questions about completing this document, you should call the FEMA Disaster Helpline at 1-800-621-FEMA (3362) (hearing/speech impaired only: 1-800-462-7585) as soon as possible.

**Instructions for Completing Your Application for Continued Temporary Housing Assistance**

**Item 9**

You will need to supply the pre-disaster and current income information for each individual -18 years of age or older - who is currently living with you at your temporary residence.

**You must submit documentation to verify each dollar amount you supplied on the form**, and you will also need to provide how often each individual is paid by his or her employer. Shade in the circle indicating you have attached a document to your application.

Shade in the circle indicating how often each individual is paid by his or her employer. If an individual has more than one job, please list them separately for each job. If the pay cycle is not listed, please shade in the circle for "Other".

See example below:

9. Income Information for All Individuals 18 years of Age and Older Living in Current Temporary Residence								
Name	Gross Income		Shade if Document is Attached	Payment Cycle (How You Are Billed)				
	Pre Disaster or Prior Reported	Current		Weekly	Twice Monthly	Monthly	Quarterly	Other
Maria Quin	\$1495.00	\$1495.00	●	○	●	○	○	○

Income means 1) Wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services; 2) Interest, dividends and other net income of any kind from real or personal property; 3) Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount; 4) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay; and 5) Welfare assistance.

**Item 10**

You will need to check whichever box is applicable to your pre-disaster housing situation and your permanent housing plan. If you plan on moving in with your friends/family, you must supply your projected move in date.

**Item 11**

Please read this section thoroughly. **NOTE:** All of the bullet points may not be applicable to your household situation. However, in order to be eligible for Continued Temporary Housing Assistance, the information contained in those bullet points that **are** applicable to your household situation must be true and accurate. If the information is not true to your situation, then you are not eligible for Continued Temporary Housing Assistance and will not need to fill out this form.

**Item 12**

Once you have reviewed the form for accuracy, you will need to read the declarations statement and sign and date the form. When signing the form, please use blue or black ink.

**STEP TWO:** Attach supporting documentation to application (e.g. pay stubs, mortgage statements, lease, utility bills, rent receipts, etc.)

**STEP THREE:** Submit the application and your supporting documents to FEMA.

**QUESTIONS OR NEED ASSISTANCE?**

If you have any questions about completing this document, you should call the FEMA Disaster Helpline at 1-800-621-FEMA (3362) (hearing/speech impaired only: 1-800-462-7585) as soon as possible.

**INDIVIDUALS AND HOUSEHOLDS PROGRAM  
APPLICATION FOR CONTINUED TEMPORARY HOUSING ASSISTANCE**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 1 hour 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 Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0061). **NOTE: Do not send your completed form to this address.**

**PRIVACY NOTICE**

**AUTHORITY:** The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93-288, as amended, 42 U.S.C. §§ 5121 -5207; The Homeland Security Act of 2002, P.L. No. 107-296, as amended, 6 U.S.C. §§ 311-321j; Reorganization Plan No. 3 of 1978; 4 U. S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193); and Exec. Order No. 13411. Disaster Mitigation Act of 2000 (DMA 2000), P.L. 106-390, amended the Stafford Act. Post-Katrina Emergency Management Reform Act of 2006, Pub. L. No. 109-295. Sandy Recovery Improvement Act of 2013 (SRIA), Pub. L. No. 113-2.

**PRINCIPAL PURPOSE(S):** FEMA collects and maintains your information in order to determine eligibility for and administer financial assistance under a Presidentially-declared disaster. Additionally, FEMA may review your information for quality assurance purposes to assess FEMA's disaster assistance customer service.

**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 detailed in 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.

**DISCLOSURE:** The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent you from receiving FEMA benefits.

1. APPLICANT NAME	2. DISASTER #	3. CURRENT MAILING ADDRESS
4. REGISTRATION #	5. CURRENT PHONE	6. ALTERNATE PHONE

<input type="checkbox"/> CHECK HERE IF CURRENT MAILING ADDRESS IS DIFFERENT AND PROVIDE NEW ADDRESS BELOW:	<input type="checkbox"/> CHECK HERE IF CURRENT PHONE IS DIFFERENT AND PROVIDE NEW NUMBER BELOW:
--	---

**IMPORTANT NOTICE: Requirements for Applying for Continued Temporary Assistance. In order for FEMA to effectively evaluate a continuing need for temporary housing, it is necessary that we have you submit documentation on your pre-disaster and current housing costs, pre-disaster and current income and verifiable documentation of income, permanent housing plan, current lease, rent receipts/ cancelled checks, and mortgage payment information.**

7. Housing Costs (See Instructions for Definitions)

Expense	Pre Disaster or Prior Reported	Current	Shade if Document is Attached	Payment Cycle (How You Are Billed)				
				Monthly (1)	Quarterly (4)	Bi-Annual (6)	Annual (12)	Other
Mortgage			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Real Estate Taxes (If paid separately from Mortgage)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Insurance (If paid separately from Mortgage)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rent for Housing Unit			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electric			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gas			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Propane			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sewer			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trash			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Current Landlord Contact Information

NAME	PHONE NUMBER
------	--------------

9. Income Information for All Individuals 18 years of Age and Older Living in Current Temporary Residence

Name	Gross Income		Shade if Document is Attached	Pay Cycle				
	Pre Disaster or Prior Reported	Current		Weekly	Twice Monthly	Monthly	Quarterly	Other
			○	○	○	○	○	○
			○	○	○	○	○	○
			○	○	○	○	○	○
			○	○	○	○	○	○
			○	○	○	○	○	○

10. Permanent Housing Plan

- I am a pre-disaster RENTER and my permanent housing plan is to:
  - Locate a rental resource within my family's financial ability
  - Move in with friends/family      Projected move in date: \_\_\_\_\_
  
- I am a pre-disaster HOMEOWNER and my permanent housing plan is to:
  - Repair or rebuild my damaged home
  - Purchase a home using my disaster related assistance, including any insurance
  - Become a renter and locate a rental resource within my family's financial ability
  - Move in with friends/family      Projected move in date: \_\_\_\_\_

11. Conditions for Receiving Continued Temporary Housing Assistance

My household understands that in order to be eligible for Continued Temporary Housing Assistance, the following information must be true and accurate:

- My household has a continuous need for Temporary Housing Assistance because our housing needs are not being met by another source, i.e., my household is not receiving housing assistance from another public agency such as the U.S. Department of Housing and Urban Development, U.S. Department of Veterans Affairs, a local housing agency, or any other agency or organization providing housing.
- My household does not own a secondary home or a vacation home within a reasonable commuting distance of our pre-disaster home.
- My household cannot live in and/or access our pre-disaster primary home due to the disaster.
- My household has looked and is continuing to look for but has not yet found an alternative, adequate home that is within reasonable commuting distance of work and/or school and is within our financial ability.
- My household has been and is currently working to repair our pre-disaster primary home (Applicable only for those who have chosen to rebuild their pre-disaster primary home).

**If any of the above statements are not true to your situation, then you are not eligible for Continued Temporary Housing Assistance and do not need to submit this form.**

12. CERTIFICATION

**I understand that if I intentionally make false statements, submit fraudulent information, or conceal any information in an attempt to obtain additional disaster assistance, it is a violation of federal and state laws, which carries criminal and civil penalties, including fines, imprisonment, or both.**

**I hereby declare under penalty of perjury that the foregoing is true and correct.**

Head of Household (Applicant/Co-Applicant) Signature	Date	Date Form Mailed to Applicant