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 lthis 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

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	. APPL	ICAN	T NAI	ME:		AF		3. REGISTRA	TION #:	
4. PRE-DISASTER HOUSING	STATUS: 5	. ADDI	RESS	OF T	EMPC	ORA	RY HOUSING UNIT (THU)		6. # OF BEDR	OOMS IN UNIT	THU:
OWNER REI	NTER								<u> </u>	_ 2	<u> </u>
7. PARK/SITE NAME:									8. CURRENT	PHONE #:	
9. MOVE-IN DATE:	9a. TARG	SET M	OVE-0	TUC	DATE:	i:	10. LOT #:		11. SITE CON	ITROL #:	
12. SITE TYPE: Private Site Co	mmercial Par	k		Group	o Site	;	13. RECERTIFICATION D	ATE:		RTABLE TEMPOF T (TTHU) INFORM	
	Family Lease Repair)		Direct	t Leas	se					
15. VIN # (Applicable to MHU)	: 16. BARCC	DE # ((Applio	cable	to MH	HU):	17. RECERTIFICATION VI	SIT#:	17a. DATE OF I VISIT:	LAST RECERTIF	ICATION
18. Persons Living in THU:				AUTI			Household Income of all O	ccupar			
NAME	REL	SEX	AGE	YES	NO	a. P	PRE-DISASTER INCOME	Initials	b. POST-DISA	STER INCOME	Initials
									-1		-!

20. BEDROOM REQUIREMENT:	21. FMR FOR COUNTY/JURISDICTION OF DAMAGED DWELLING:
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 C	CONTRACTOR BEEN HIRED OR VOLUNTEERED? YES NO
CONTRACTOR'S NAME:	PERMITS OBTAINED? YES NO
CONTRACTOR'S ADDRESS:	DATE:
CONTRACTOR'S PHONE #:	DELAY IN COMPLETING THE REPAIRS TO THE DAMAGED DWELLING?
DELAY IN PURCHASING A HOME? YES NO	☐ YES ☐ NO
IF YES, PLEASE SPECIFY:	PERCENTAGE OF REPAIRS COMPLETE:
22b. HOUSING COSTS (RENTERS ONLY)	
Pre-Disaster Rent:	Pre-Disaster Utilities:

DIRECT TEMPORARY HOUSING ASSISTANCE RECERTIFICATION WORKSHEET

22c. HOUSING PLAN PROGRESS FOR RENTERS						
RENTAL RESOURCES OFFERED YES NO NUMBER OF RENTAL RESOURCES OFFERED:						
DID THE APPLICANT REFUSE THE RENTAL RESOURCE?						
IF YES, PLEASE SPECIFY THE REFUSAL REASON:						
	23a. PROJECTED DATE FOR HOUSING PLAN COMPLETION EMA TTHU (APPLICABLE IF CCUPANTS IS ACTIVATED)					
23b. PERMANENT HOUSING PLAN DOCUMENTATION VERIFIED?	YES NO					
IF SO, PLEASE SPECIFY THE VERIFIED DOCUMENTATION:						
PRE-DISASTER HUD/SECTION 8:	□ NO VAL ASSISTANCE □ YES □ NO					
STATE HOUSING/GRANT ASSISTANCE PROGRAM: YES	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. REC	ERTIFICATION RECOMMENDATIONS:					
25. HOUSING GROUP SUPERVISOR SIGNATURE DATE						
APPROVED CONTINUED APPROVED DATES	TOTAL MONTHS:					
DENIED FROM	то					
25a. DENIAL REASONS: GENERAL VIOLATION	MAJOR VIOLATION OTHER (See Notes)					
NOTES:						
26. FOR SUPERVISOR USE ONLY						
RECERTIFICATION APPROVED? YES NO	NUMBER OF MONTHS					

FEMA FORM FF-104-FY-21-193 (formerly 009-0-134) (12/21)

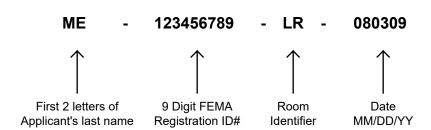
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DIRECT TEMPORARY HOUSING ASSISTANCE RECERTIFICATION CHECKLIST

Applicant's Name:		Registration #:	Disaster #:							
	INTRODUCTION									
	☐ Introduce yourself and show the person your FEMA Identification.									
	Explain why you are there - to conduct a									
	Verify the identity of the person completing	ng the recertification (applicant or co-applic	ant).							
	☐ Verify Written Consent/Release of Inform	ation on file (ROI).								
	☐ Verify the unit number (Applicable to MH	U).								
	Provide a scope of the Recertification.									
	Explain what you will be doing today.									
		RECERTIFICATION WORKSHEET								
	Complete Worksheet.									
	☐ If a copy of income and mortgage inform	ation is not provided by applicant, take pict	ure of the original document.							
	$\hfill \square$ Document the housing plan information p to damaged dwelling address.	provided during each recertification visit i.e.	lease, housing searches, progress of repairs							
	☐ Verify Written Consent/Release of Inform	ation on file (ROI).								
	Make appropriate contacts to contractors	to confirm progress of repairs. Make cont	acts to rental resources to confirm availability.							
	Offer rental resources when appropriate.	MAR								
Conduct a follow-up with the applicant to ensure rental resources provided were contacted.										
	REP	AIR 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 observations in comments section.	d record outside condition (e.g., does it lool	k like repair work has begun). Record the							
	☐ 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 rec									
	Contact contractor on the progress and completion of the repairs (ii	ompletion of the repairs to the pre-disaster applicable).	damaged dwelling. Confirm any delays on the							
	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., maintenand Temporary Housing Unit Inspection Repo	ce issues, interior, exterior damages and fuort (FF-104-FY-21-111).	ırnishings) of the unit on the Transportable							
	Document the occupant's NEMIS file with	all recertification information documented	as each visit.							
		tion for recertification and what was observ	-							
		vithin 7 - 14 days of their eligibility for recer	tification.							
	Provide FEMA Contact Numbers (Helplin	e, Maintenance, Sales, etc.).								
	Remind occupant to update FEMA if conf	act information changes, e.g., phone numb	per.							

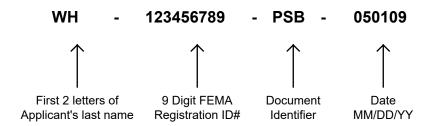
REPAIR PROGRE	SS CH	ECKLIST	(FOR PRE-L	DISAST	TER O	WNERS (1. INSPECTI	ON DATE:		
2. RECERTIFICATION #: 3. PRIMARY OCCUPANT'S NAME:					4. REGISTRATION ID #:			5. DISASTER #:			
6. DAMAGED DWELLING	ADDRE	SS:		7.	DAMAG	ED DWELLIN	IG DESCRIPTION:				
					Apartment House-Single/Duplex Travel Trailer						
] Boat		Mobile Home	☐ Ot	her		
] Condo		Townhouse				
8. CONDITION OF ROOM Instructions: Take basic pic RP=Repairs Completed	ctures of	essential rooi	ms and damages	s that con	tinue to r	ender the ho					
_	Picture		_		Picture		_	Picture			
Damages Living Room (LR)	Taken	Condition	Room Bedroom 1 (BF		Taken	Condition	Room Bathroom 1 (BA1)	Taken	Condition		
Ceiling			Ceiling	XI)			Toilet				
Floor	片		Floor				Sink				
Outlet/Switches			Outlet/Switches				Tub/Shower	-			
Wall			Wall	•			Faucets/Plumbing				
Window			Window				Walls				
			Bedroom 2 (BF	22)			Window				
Kitchen (KIT) Cabinets		_		(2)							
Ceiling			Ceiling				Cabinet				
Faucets/Plumbing			Floor				Bathroom 2 (BA2)				
Floor	片		Outlet/Switches		+		Toilet	\dashv			
			Wall				Sink				
Outlet/Switches			Window				Tub/Shower				
Range			Bedroom 3 (BF	₹3)			Faucets/Plumbing				
Refrigerator			Ceiling				Walls				
Sink			Floor				Window	\perp			
Wall			Outlet/Switches	;			Cabinet				
Window			Wall				Bathroom 3 (BA3)				
Utilities			Window		Ш		Toilet				
Furnace			Bedroom 4 (BF	₹4)			Sink				
HVAC			Ceiling				Tub/Shower	\perp			
Water Heater			Floor				Faucets/Plumbing	\perp			
Utilities			Outlet/Switches	3			Walls				
Gas			Wall				Window	\perp			
Electric	\Box		Window				Cabinet				
Water			Exterior Walls				Other (OTH)				
Hallway (HWY)			EWL				Debris that hinders repairs or access to I				
Walls			EWR				Utility Connections	,			
Outlet/Switches			EWF				(septic, water, electri	c)			
			EWB				Wall Framing		- 1.		
9. COMMENTS								9a. COMME PLACED IN			
								YES	∏ NO		
10. NAME OF PERSON PRE	SENT DU	RING RECERT	TIFICATION: 11. F	RELATION	SHIP TO	PRIMARY OC	CUPANT(i.e. Authorized				
12. FEMA RECERTIFICA	TION AD	VISOR NAME	E: 13	. FEMA R	RECERTI	FICATION S	TAFF SIGNATURE:	14. DATE	<u> </u>		

CONTINUED ASSISTANCE PICTURE NAMING CONVENTION



Room Identifier Legend

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



Document Identifier Legend

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