**Narrative of Changes Table**

*The purpose of the Narrative of Changes Table is to demonstrate changes to a collection since the previous approval.*

Collection Title: Direct Housing Assistance Forms

OMB Control No.: 1660-0138

Current Expiration Date: 12/31/2021

Collection Instrument(s): 009-0-134: Disaster Assistance Recertification Worksheet

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| --- | --- | --- | --- |
| **Location** | **Current version** | Proposed Revision | Justification |
| **Page 1 – Form Title** | DIRECT ASSISTANCE RECERTIFICATION WORKSHEET | **DIRECT TEMPORARY HOUSING ASSISTANCE RECERTIFICATION WORKSHEET**  | Updated to reflect current specific terminology for Direct Housing. This form applies to temporary housing only.  |
| **Page 1 – Privacy Act Statement – Principle Purpose(s)** | This information is being collected for the primary purpose of advising FEMA Individual Assistance applicants of the requirements to occupy temporary housing units, of the requirements for final sales of the unit if FEMA offers a sale program for its temporary housing units as part of its direct housing program under a Presidentially-declared disaster. | 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. | Updated the purpose to reflect how this specific form is used. |
| **Page 1 – Privacy Act Statement - Disclosure** | The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving the requested disaster-related temporary housing assistance. | 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. | Referred to as applicants at this phase of direct housing, |
| **Page 1 – 5.** | ADDRESS OF UNIT: | ADDRESS OF TEMPORARY HOUSING UNIT (THU): | Specific to THU, including introducing the abbreviation. |
| **Page 1 – 6.** | # OF BEDROOMS IN UNIT: | # OF BEDROOMS IN THU: | Specific to THU |
| **Page 1 – 9.**  | LEASE/MOVE-IN DATE: | MOVE-IN DATE: | Removed Lease; language consistency |
| **Page 1 – 12.**  | * PS
* CS
* GS
* Other
* MLRP
* DL
 | * Private Site
* Commercial Park
* Group Site
* Multi-Family Lease and Repair
* Direct Lease
* Other
 | Spelled out acronyms for clarity |
| **Page 1 – 13.** | Lot Type | 13. Transportable Temporary Housing Unit (TTHU) Information | Changed lot type to unit type and placed under TTHU grouping (#13, to include 3 subparts (a – lot type)(b - VIN) and (c - barcode) that are specific to TTHUs. |
| **Page 1 – 14.**  |  | RECERTIFICATION DATE: |  |
| **Page 1 – 16.**  | DATE OF LAST RECERT VISIT: | DATE OF LAST RECERTIFICATION VISIT: | Spelled out for clarity |
| **Page 1 – 17.**  | Persons Living in Unit | Persons Living in THU | Clarified specific applicability for the person |
| **Page 1 – 18.**  | Household Income of all Applicants 18 Years of Age or Older | Household Income of all Occupants 18 Years of Age or Older | Correct terminology update |
| **Page 2 – 19**  | HH BEDROOM REQUIREMENT: | BEDROOM REQUIREMENT: | Updated for clarity |
| **Page 2 – 20.** | FMR FOR COUNTY OF DAMAGED DWELLING: | FMR FOR COUNTY/JURISDICTION OF DAMAGED DWELLING: | Inclusion of various divisions within states/territories |
| **Page 2 – 21a.**  | HOUSING COSTS (OWNERS) | HOUSING COSTS (OWNERS ONLY) | Updated for clarity |
| **Page 2 – 21b. PERMITS OBTAINED Box** | DELAY IN COMPLETING THE REPAIRS TO THE DDA? | DELAY IN COMPLETING REPAIRS TO THE DAMAGED DWELLING? | Spelled out for clarity |
| **Page 2 – 23.**  | * PURCHASE FEMA THU (APPLICABLE IF SALES/DONATIONS PROGRAM IS ACTIVATED)
 | * PURCHASE FEMA TTHU (APPLICABLE IF SALES TO OCCUPANTS IS ACTIVATED)
 | Changed to have updated and consistent language |
| **Page 2 – 23b.**  | HOUSING PLAN DOCUMENTATION VERIFIED? | PERMANENT HOUSING PLAN DOCUMENTATION VERIFIED? | Added for clarity |
| **Page 2 – DHAP REFERRAL Box** | DHAP REFERRAL* YES
* NO
 | REMOVE FIELD | Removed - Out-dated program  |
| **Page 3 – Page Title** | DIRECT ASSISTANCE RECERTIFICATION WORKSHEET | DIRECT TEMPORARY HOUSING ASSISTANCE RECERTIFICATION WORKSHEET | Added for clarity  |
| **Page 3 – 24.**  | FEMA RECERTIFICATION CASEWORKERS NAME: | FEMA RECERTIFICATION ADVISOR NAME: | Updated to reflect appropriate position title |
| **Page 3 – 25a.** | ELIGIBILITY/DENIAL REASONS:* PROGRAM ELIGIBILITY
* MAJOR VIOLATION
* VIOLATED PARK/SITE RULES
 | DENIAL REASONS:* GENERAL VIOLATION
* MAJOR VIOLATION
* OTHER (See Notes)
 | Modified based on updated guidance / policy |
| **Page 3 – INTRODUCTION and RECERTIFICATION WORKSHEET Sections** |  Currently located on page 3 | Move both sections to top of page 4 | Sections belong under the Recertification Checklist section of the form |
| **Page 3 – INTRODUCTION Section – First Line** | * Introduce yourself and show the person your FEMA Identification.
 | * Introduce yourself and show the person your FEMA Identification.
 | Minor grammatical correction |
| **Page 4 – REPAIR PROGRESS CHECKLIST (OWNERS ONLY) Section** | * Inform applicant 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 began). Record the observations in Comments section.
* If unsure about the state of repairs, ask the applicant if it was damaged or has already been repaired.
* Explain to applicant 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.
 | * 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.
 | Correct terminology updates |
| **Page 4 – RECAP Section** | * Document the condition (e.g., maintenance issues, interior, exterior damages and furnishings) of the unit on the Temporary Housing Unit Inspection Report (FF 90-13).
* Document the applicant's NEMIS file with all recertification information documented as each visit.
* Inform the applicant of your recommendation for recertification and what was observed during this visit.
* Inform the applicant he/she will be notified within 7 - 14 days of their eligibility for recertification.
* Provide FEMA Contact Numbers (Helpline, Maintenance, Sales, etc.).
* Remind Applicant to Update FEMA if contact information changes, e.g., phone number.
 | * Document the condition (e.g., maintenance issues, interior, exterior damages and furnishings) 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.
 | Updated to refer to correct FEMA Form name and number; correct terminology updates |
| **Page 5 – 3.** | * APPLICANT’S NAME
 | * PRIMARY OCCUPANT’S NAME
 | Updated for clarity |
| **Page 5 – Exterior Damages Heading** | * Exterior Damages
 | * Damages
 | Updated for clarity and plain language |
| **Page 5 – Bathroom 1 (BA1) Section** | * Basin
 | * Sink
 | Updated for plain language |
| **Page 5 – Bathroom 2 (BA2) Section** | * Basin
 | * Sink
 | Updated for plain language |
| **Page 5 – Bathroom 3 (BA3) Section** | * Basin
 | * Sink
 | Updated for plain language |
| **Page 5 – 11.** | RELATIONSHIP TO APPLICANT (i.e. App, Co-App, Occupant): | * RELATIONSHIP TO PRIMARY OCCUPANT (i.e. Authorized Household Member, Occupant):
 | Updated clarity on relationship specifics |
| **Page 5 – 12.** | FEMA RECERTIFICATION STAFF NAME: | FEMA RECERTIFICATION ADVISOR NAME: | Updated to appropriate position title |
| **Page 6 – CURRENT HOUSING COSTS Section** | NOTE: Any Income or Current Housing Cost documentation will have sensitive information such as Social Security numbers or Account Numbers. This Information MUST be covered to protect Privacy and Identity. | NOTE: 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. | Inclusion of PII for clarity |