

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

COMMERCIAL PARK UNIT PAD REQUIREMENTS - INFORMATION CHECKLIST

OMB Control #: 1660-0138
Expiration: MM/DD/YYYY

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 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 this 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 form 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 advising property owners of commercial parks of the pad requirements for the installation of transportable temporary housing units (TTHUs) as a part of FEMA's 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 law.

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.

Site Address: (Park Name, Street, City, State, Zip code, Temp. Housing Unit Pad Number(s). Attach map and detailed directions if rural route).

Property Manager Contact Information:

DRAFT

Description of Pad Premises:

_____ Number of Available Pads (placed in column)	_____ Number of Feasible Available Pads (placed in column)	_____ Room for Expansion? (placed in column)	<input type="radio"/> YES <input type="radio"/> NO
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Pad Size:

_____ 3 BDR	_____ 3 BDR Accessible
_____ 2 BDR	_____ 2 BDR Accessible
_____ 1 BDR	_____ 1 BDR Accessible

_____ Pets Allowed	_____ Utilities	_____ Background Check Required
_____ Rent Amount	_____ Amps	_____ Credit Check Required
_____ Split Lot	_____ School Bus Routes	
_____ Other	_____ Wrap Around Services	
_____ ADA Accessible Mailboxes	_____ ADA Accessible egress (pathway to unit)	
_____ ADA Accessible Dumpsters	_____ 1 BDR Accessible	

_____ Within reasonable commuting distance	_____ Accessible Playground area (and path)
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COMMERCIAL PARK UNIT PAD REQUIREMENTS - INFORMATION CHECKLIST continued

Requirements:	Yes	No	Unknown
Does your facility have the ability to provide and maintain all water, sanitary sewage, electrical, other utilities connections provided on the site at the time of execution of the lease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will the facility have the ability to maintain the Pad and premises in good repair during the term of the lease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Property Manager shall not discriminate against any of the Lessee's tenants or prospective tenants on the basis of race, color, religion, nationality, sex, age, disability, English proficiency, or economic status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manufactured Housing Units (MHUs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational Vehicles:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UFAS MHUs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Certify:

I certify that this information is true and correct and understand that this document in no way guarantees a lease with FEMA until approved and authorized by the contracting officer.

Name of Park/ Property Management Representative:	Signature and Title	Date
Name of FEMA Representative	Signature	Date

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