

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB Control No. 1660-0061
Expires January 31, 2024

REQUEST FOR ADVANCE DISASTER ASSISTANCE

Disaster Number:

FEMA Application Number:

I, the undersigned, hereby certify that I am the insured occupant of the following damaged property:

_____ I am requesting advanced Rental Assistance for my insured expenses caused by the disaster. I understand this request does not guarantee I will receive an advance from FEMA.

1. I authorize FEMA to verify with my insurance company that I have filed a claim for the address listed above. I authorize my insurance company to release to FEMA all verifying information related to my insurance claim.

Insurance Company Name: _____

Insurance Company Phone #: _____

Date Claim was Filed: _____ **Claim #:** _____

2. I understand before this request for advancement is approved, FEMA will inspect my home for the purpose of recording the disaster-caused damage.
3. When I receive my insurance proceeds, I agree to immediately reimburse FEMA for the full amount of this advance. I will either mail a personal check or money order to:

MAIL TO:

FEMA
P.O. Box 6200-16
Portland, OR 97228-6200

4. I understand if I fail to repay this advance, FEMA will initiate debt collection actions, which may include:
 - Adding interest and penalties to the amount owed;
 - Reporting your debt to national consumer credit reporting agencies;
 - Referring the debt to the U.S. Department of the Treasury, where payment of your debt may be taken from other federal payments due to you, such as a tax refund. Additional fees may also be charged and added to the debt amount.

This Request for Advancement is submitted pursuant to 28 U.S.C § 1746 under penalty of perjury. I understand that it is my choice to request this advancement and to sign this Request for Advancement.

FEMA Applicant Name (Printed)

FEMA Co-Applicant Name (Printed)

Signature

Date