

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB Control No. 1660-0002
Expiration Date: 8/31/2022

APPLICATION FOR DISASTER ASSISTANCE

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----------|--|---|--|---|---|--|---|--|--|--|---|--|---|---|---|--|--------------------------------------|--------------------------------------|
| REC. # | Disaster # | Loss Date | APP. DATE | | | | | | | | | | | | | | | | | | |
| 1. Name of Applicant (last, first, MI) | | 2. Preferred Name | | | | | | | | | | | | | | | | | | | |
| 3. Applicant Social Security No. | 4. Date of Birth | 5. Email | | | | | | | | | | | | | | | | | | | |
| <p>6. Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what do you need? (select all that apply)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Sign language interpreter</td> <td><input type="checkbox"/> Language other than English</td> </tr> <tr> <td><input type="checkbox"/> CART (Communication Access Real-time Translation) (in person or remote)</td> <td><input type="checkbox"/> Spanish – Español</td> </tr> <tr> <td><input type="checkbox"/> Text messages to communicate</td> <td><input type="checkbox"/> Arabic – العربية</td> </tr> <tr> <td><input type="checkbox"/> Assistive listening device</td> <td><input type="checkbox"/> Haitian Creole – Kreyòl Ayisyen</td> </tr> <tr> <td><input type="checkbox"/> Braille</td> <td><input type="checkbox"/> Russian – Русский</td> </tr> <tr> <td><input type="checkbox"/> Large print</td> <td><input type="checkbox"/> Vietnamese – Tiếng Việt</td> </tr> <tr> <td><input type="checkbox"/> Face-to-face assistance (reader or writer)</td> <td><input type="checkbox"/> Samoan – Sāmoa</td> </tr> <tr> <td><input type="checkbox"/> Wheelchair access</td> <td><input type="checkbox"/> Mandarin – 中文</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> | | | | <input type="checkbox"/> Sign language interpreter | <input type="checkbox"/> Language other than English | <input type="checkbox"/> CART (Communication Access Real-time Translation) (in person or remote) | <input type="checkbox"/> Spanish – Español | <input type="checkbox"/> Text messages to communicate | <input type="checkbox"/> Arabic – العربية | <input type="checkbox"/> Assistive listening device | <input type="checkbox"/> Haitian Creole – Kreyòl Ayisyen | <input type="checkbox"/> Braille | <input type="checkbox"/> Russian – Русский | <input type="checkbox"/> Large print | <input type="checkbox"/> Vietnamese – Tiếng Việt | <input type="checkbox"/> Face-to-face assistance (reader or writer) | <input type="checkbox"/> Samoan – Sāmoa | <input type="checkbox"/> Wheelchair access | <input type="checkbox"/> Mandarin – 中文 | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
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| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | |
| <p>7. Do you or anyone in your household have a disability that affects your ability to perform activities of daily living or requires an assistive device? (NOTE: An assistive device can include wheelchair, walker, cane, hearing aid, communication device, service animal, personal care attendant, oxygen, dialysis, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, select all that apply:</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Mobility</td></tr> <tr><td><input type="checkbox"/> Cognitive/Developmental Disabilities/Mental Health</td></tr> <tr><td><input type="checkbox"/> Hearing/Speech</td></tr> <tr><td><input type="checkbox"/> Vision</td></tr> <tr><td><input type="checkbox"/> Self-Care</td></tr> <tr><td><input type="checkbox"/> Independent Living</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Prefer Not to Answer</td></tr> </table> | | | | <input type="checkbox"/> Mobility | <input type="checkbox"/> Cognitive/Developmental Disabilities/Mental Health | <input type="checkbox"/> Hearing/Speech | <input type="checkbox"/> Vision | <input type="checkbox"/> Self-Care | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Prefer Not to Answer | | | | | | | | | | |
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| <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Prefer Not to Answer | | | | | | | | | | | | | | | | | | | | | |
| <p>8. Did you have any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, select all that apply:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Power/manual wheelchair</td> <td><input type="checkbox"/> Adaptive van/vehicle</td> </tr> <tr> <td><input type="checkbox"/> Scooter</td> <td><input type="checkbox"/> Walker/cane/crutches</td> </tr> <tr> <td><input type="checkbox"/> Prosthesis</td> <td><input type="checkbox"/> Medication/medical supplies including adult diapers and catheters</td> </tr> <tr> <td><input type="checkbox"/> Oxygen/respiratory equipment</td> <td><input type="checkbox"/> Service animal</td> </tr> <tr> <td><input type="checkbox"/> Medical equipment that depends on electricity</td> <td><input type="checkbox"/> Personal assistance services/in-home care</td> </tr> <tr> <td><input type="checkbox"/> Assistive technology device for hearing/vision, such as hearing aid, screen enlarging software, etc.</td> <td><input type="checkbox"/> Dialysis</td> </tr> <tr> <td><input type="checkbox"/> Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Environmental control/alerting devices</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> Power/manual wheelchair | <input type="checkbox"/> Adaptive van/vehicle | <input type="checkbox"/> Scooter | <input type="checkbox"/> Walker/cane/crutches | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Medication/medical supplies including adult diapers and catheters | <input type="checkbox"/> Oxygen/respiratory equipment | <input type="checkbox"/> Service animal | <input type="checkbox"/> Medical equipment that depends on electricity | <input type="checkbox"/> Personal assistance services/in-home care | <input type="checkbox"/> Assistive technology device for hearing/vision, such as hearing aid, screen enlarging software, etc. | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Environmental control/alerting devices | | | |
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| <input type="checkbox"/> Environmental control/alerting devices | | | | | | | | | | | | | | | | | | | | | |
| 9. Primary Phone No. _____ Phone Type: _____ Note: _____ | | 10. Alternate Phone No. _____ Phone Type: _____ Note: _____ | | | | | | | | | | | | | | | | | | | |
| 11. Damaged Dwelling Address | | | | | | | | | | | | | | | | | | | | | |
| Street with No. | | Apt/Lot City | State Zip | | | | | | | | | | | | | | | | | | |
| 12. Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent | | | | | | | | | | | | | | | | | | | | | |

13. Mailing Address Same as Damaged Address
 Street with No. Apt/Lot City State Zip

In Care of:

14. Damage address county/parish/municipality:

15. Damage Type:
 Flood Seepage Earthquake
 Hurricane/Hail/Rain/Wind Driven Rain Sewer Backup Fire/Lava Flow/Ash
 Power Surge/Lightning Tornado/Wind Ice/Snow
 Other _____

16. Home Damage?
 Yes No Unknown
 Primary Residency? Yes No

17. Personal Property Damage (not including vehicles)?
 Yes No Unknown

18. Essential Utility Needs? Yes No Unknown
 Utilities out 3 days or more? Yes No Unknown
 Utilities out now? Yes No Unknown

19. Access Damage?
 Yes No

20. Vehicle Damage? Yes No

21. Need for food, clothing, shelter, gas, medication, or medical equipment?
 Yes No

22. New or additional childcare costs?
 Yes No

23. Lodging Expenses?
 Yes No
 Received Assistance with temporary lodging expenses?
 Yes No

24. Medical Expenses? Yes No
 Dental Expenses? Yes No
 Funeral Expenses? Yes No

25. Miscellaneous Expenses?
 Yes No

26. Level of Damage to Home or Personal Property:
 Minor damage but able to live in home
 Damage to Home/Personal Property and may not be able to live in home.
 Damage to Home/Personal Property requires major repairs. Not able to live in home.
 Home was destroyed
 Unknown

27. Current Location?
 My Home Mass Shelter FEMA Provided Unit Purchased New Home Secondary Residence
 Family/Friends Church/House of Worship New Permanent Rental Place of Employment My Vehicle
 Hotel/Motel Homeless New Temporary Rental RV/Camper Tent

28. Type of Home?
 Home-Single/Duplex Condo Assisted Living Facility Correctional Facility
 Mobile Home Apartment Boat Military Housing
 Townhouse Travel Trailer College Dormitory Other _____

29. Currently able to get to your home?
 Yes, able to get to and leave home
 No, due to flooding or damages to roads or bridges in the area
 No, due to damage of a privately owned road, bridge, or dock
 No, due to my medical or accessibility features are damaged (such as a ramp or elevator, etc.)
 No, due to mandatory evacuation

30. Need for Moving and Storage Expenses after the disaster? Yes No

31. Home/Personal Property Insurance

| Insurance Type | Insurance Company Name |
|----------------|------------------------|
| | |
| | |
| | |

I have no insurance for my home or personal property

32. How many vehicles in your household? _____
 After the disaster, how many are drivable? _____
 Did any damaged vehicles have disability related accessibility features?
 Yes No
 Are any damaged vehicles covered by comprehensive (full coverage) insurance? Yes No

33. Disaster Related Vehicle Damage

| Vehicle Information | | | Damaged? | | Drivable? | | Comprehensive Insurance? | | Liability Insurance? | | Insurance Company Name | Registered? | |
|---------------------|------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|
| Year | Make | Model | YES | NO | YES | NO | YES | NO | YES | NO | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

34. Emergency Needs: Food, Medication, Durable Medical Equipment or Gas Shelter Clothing

35. Persons living in your home at time of disaster

| Last Name | First Name | MI | Relationship | Social Security Number (App and Co-App Only) | Age |
|-----------|------------|----|--------------|---|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

36. Financial

Household's source of income is self-employment? Yes No

Own a business or rental property affected by the disaster? Yes No

37. No. of Dependents (including yourself) _____

38. Family's pre-disaster income before taxes are deducted \$ _____

Income not available

39. Electronic Funds Transfer Yes No

Bank/Financial Institution Name: _____

Account Type: Checking Savings

Routing No. (9 digits): _____

Account No.: _____

40. Correspondence language?

English Spanish

41. Traditional postal mail or electronic notification?

Postal Mail Email

42. Receive text messaging updates?

Yes No

Mobile Phone No. _____

Agree to text messaging terms? Yes No

43. Comments

44. FEMA Representative

Application for Disaster Assistance Instructions

It's important you understand that your application becomes a legal document. FEMA may use external sources to verify the accuracy of the information you enter.

Assessment Section

What Help do you Need:

- Home or Property damage
 - Home Damage,
 - Personal Property Damage
 - Vehicle Damage
- Other Expenses
 - Funeral or reburial expenses
 - Lodging expenses
 - Medical or dental expenses
 - New or extra childcare expenses
 - Miscellaneous Item expenses
- Emergency Needs
 - Food, clothing, shelter, gas, medication, or medical equipment
 - Essential utilities
 - Home access
- Business
- Unemployment

Referrals

Do NOT complete an application for Business Needs ONLY.

You may be able to get assistance from the U.S. Small Business Administration (SBA) for business losses. Provide referrals to 'SBA Disaster Assistance' for Business ONLY.

Do NOT complete an application for Unemployment Needs ONLY.

You may be able to get assistance from your state's unemployment office. Provide referrals to the 'Career One Stop' Unemployment program for your state.

For other needs outside of FEMA Individuals and Households Program (IHP) Assistance contact 211/United Way referral.

Is this your primary home or secondary home?

- Primary – live more than 6 months out of the year
- Secondary – vacation or second home

Secondary Home –for some assistance FEMA can only provide assistance for your primary home. You may continue with your application.

Representative:

As a FEMA representative, you must take steps to ensure that you protect what you collect. Physically secure hard copies of documents containing PII in a locked file drawer, cabinet, or safe. Do not leave documents with PII unattended on printers, fax machines, copiers, or desktops. Cross shred paper containing PII; do not recycle or place in garbage containers.

Instructions for completing the application

Representative: Complete the Record Information ensuring you have the correct disaster number and date of loss.

Complete Personal Information

1. Enter the last name, first name, and middle initial of applicant. Enter JR, SR, III, etc. following the last name if applicable. If the application is for Funeral ONLY, enter the name of the person responsible for the funeral expenses.
2. Enter the applicant' preferred name.
3. Enter applicant's Social Security Number (SSN). If the applicant does not have an SSN but has a dependent child with an SSN, enter the child's SSN and information in fields 1-5. If the application is for Funeral ONLY, enter the SSN of the person responsible for the funeral expenses.
4. Enter applicant's date of birth.
5. Enter applicant's e-mail address, if available.

Language Information

6. Accommodation or assistance may include, but is not limited to, sign language interpreter, Braille, large print, accessible electronic format, or materials in a language other than English. FEMA programs may include, but are not limited to, home inspection, town hall meetings, access to a Disaster Recovery Centers, or accessible temporary housing (if eligible). Check Yes or No accordingly. If Yes, check all needs that apply.

Other Needs Information

7. The Americans with Disabilities Act (ADA) defines disability as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual." 42 USC 12102(2) (A). If the applicant or household member has such a disability, check Yes. If Yes, check all that apply or Prefer Not to Answer.
8. If the applicant or household member had any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost or disrupted because of the disaster, check Yes and check all that apply.

Phone Numbers

Representative: If the applicant uses a video relay service (VRS), captioned telephone (CTS), or other service, give FEMA the number for that service.

9. Primary Phone: Beginning with the area code, enter the phone number used at the damaged dwelling at the time of the disaster, and enter the type of phone. Use the Note field if specific contact information is needed.
10. Alternate Phone: Enter an alternate phone number and type of phone where FEMA can reach the applicant or leave a message, if applicable. Use the Note field if specific contact information is needed (i.e. family member's phone number, neighbor, minister, etc.).

Address

11. Enter the full physical street address where the damage occurred, including the house, or building number, street name and any apartment or lot number (exactly as it appears on a utility bill). Do not use any abbreviations, do not enter a "#" symbol, and do not enter a PO Box or general delivery address.
12. If the applicant is named on the deed, or applicant maintains the home, pays no rent and pays taxes, or has lifetime occupancy rights while not holding the legal title to the home, check Own.
If the applicant does not meet any of the ownership criteria, even if the applicant pays no rent, check Rent.
13. Check Same as Damaged Address, if applicable. If different, enter the address where the applicant is currently receiving mail. A PO Box or general delivery address may be used. If mail is received in care of another person, add that person's name.
14. Enter the county/Parish/Municipality where the damage occurred.

Losses

Representative: Only record losses or needs of the applicant in the following section

15. Check all damage types that apply. Other may include explosion, drought, riot, etc.
16. Check Yes if the applicant's home was damaged by the disaster. Check No if no damage to the applicant's home or if the applicant is applying for Transportation, or Funeral ONLY. Check Unknown if the applicant is unsure of the damage to the home.
If Home damage selection is Yes, or Unknown, check Yes if the affected home is the applicant's primary residence (where the applicant lives more than 6 months of the year, listed the address on their Federal Tax Return, or files a homestead exemption at the address). Check No if the affected home is a secondary residence or vacation home, or if the application is, Transportation, or Funeral ONLY.
17. Check Yes if the applicant had personal property damage (i.e. appliances, clothing, and/or furniture). Check No if no damage to the applicant's personal property, or if the applicant is applying for Transportation, or Funeral ONLY. Check Unknown if the applicant is unsure of personal property damage.

18. Check Yes if the applicant has essential utility needs.
Check Yes if the applicant has been without essential utilities for 3 days or more.
Check Yes if the utilities are out now (time of application).
19. Check Yes if the applicant has trouble accessing the home. (Example: Blocked Entry, or damage to accessibility equipment like a ramp).
20. Check Yes if the applicant has vehicle damage.
21. Check Yes if the applicant has a need for food, clothing, shelter, gas, medication, or medical equipment.
22. Check Yes if the applicant has any new or additional child care costs because of the disaster.
23. Check Yes if the applicant has any lodging expenses (Example: Hotel, Motel, etc.)
If Yes, did the applicant get assistance with temporary lodging expenses from any other source.
24. Check Yes if the applicant has any Medical expenses as a result of the disaster.
Check Yes if the applicant has any Dental expenses as a result of the disaster.
Check Yes if the applicant has any Funeral expenses as a result of the disaster.

Representative: If the applicant has any disaster caused funeral expenses include the deceased in the Occupants tab with the relationship 'deceased'. The social security and date of birth is needed for the deceased.
25. Check Yes if the applicant has any Miscellaneous expenses as a result of the disaster. (Example; Dehumidifier, chainsaw, etc)
26. If the applicant reports home or personal property damages, check the level of disaster damage to applicant's home and/or personal property that best applies based on the provided options:
- I had minor damage, but I am able to live in my home.**
- Some damaged or missing roof shingles, siding, gutters, etc.
 - Some cracked or broken window glass.
 - Minor cracks in floor, walls, or ceilings.
 - Flood water or sewer backup entered by home, but was less than 3 inches deep.
 - You need(ed) to purchase cleaning supplies and equipment to clean and sanitize your home OR hire(d) a professional to do so.
- I had damage to my home or personal property that requires a lot of repairs. I may not be able to live in my home.**
- Flood water entered my home, and was between 3 inches and 2 feet deep.
 - Damage to roof covering (shingles or metal) that resulted in interior damage.
 - Damage to exterior doors, windows, siding, or foundation.
 - Damage to well, septic, or HVAC (central air and heat). Debris or over-hanging trees that prevents safe access to my home.
 - Loss of or repair to some household appliances or furnishings.
- I had damage to my home or personal property that requires major repairs. I am not able to live in my home.**
- Flood water was above 2 feet deep on first occupied floor.
 - Major structural damage to roof, ceilings, walls, or foundation.
 - Private road or bridge damage that prevents access to my home.
- I had damage to my home or personal property that requires major repairs. I am not able to live in my home.**
- Flood water was above 2 feet deep on first occupied floor.
 - Major structural damage to roof, ceilings, walls, or foundation.
 - Private road or bridge damage that prevents access to my home.
 - An immediate threat to the stability of the home due to land slide or erosion.
 - Lost most or all appliances and furnishings.
- My home was completely destroyed.**
- Home was leveled or completely collapsed.
 - Home was washed away.
 - Home was burned to the ground.
- Unknown**
- Unsure which category best describes my damages.
 - Mandatory evacuation and don't know damages.
27. Check the location where the applicant is currently living or staying.
28. Check the residence type for which the applicant is applying.
29. Check Yes if the applicant is able to both get to and leave the home, or if the application is, Transportation, or Funeral ONLY. If the applicant is unable to access the home, check the reason.

30. Check Yes if the applicant needs help with moving and storage expenses after the disaster.
31. List all types of insurance the applicant held at the time of the disaster for the home and/or personal property, including but not limited to sewer backup, earthquake, and/or flood, and the insurance company name.
Check I have no insurance for my home or personal property if there was no insurance coverage for the home or personal property losses.
32. If the applicant had vehicle damages, how many vehicles does the household have, only include those that were drivable before the disaster.
How many were drivable after the disaster. Did any of the damaged vehicles have disability related accessibility features (Example: Wheelchair lifts and ramps, pedal or seat belt extenders, hand control and steering devices, etc.)
Did any of the damaged vehicles have disability related accessibility features (Example: Wheelchair lifts and ramps, pedal or seat belt extenders, hand control and steering devices, etc.)
Were any of the damaged vehicles covered by comprehensive (full coverage) insurance?
33. Enter all vehicles owned by the applicant or anyone in the household. Year: Enter the year the vehicle was manufactured. Make: Enter the vehicle make. Model: Enter the vehicle model. Damaged: Check Yes or No to indicate if the vehicle was damaged by the disaster (if unknown, check No). Drivable: Check Yes or No to indicate if the vehicle is currently drivable (if unknown, check No). Comprehensive Insurance: Check Yes or No to indicate if the vehicle is covered by comprehensive insurance. Liability Insurance: Check Yes or No to indicate if the vehicle is covered by liability insurance (if unknown, check No). Enter the insurance company name if the vehicle is covered by comprehensive or liability insurance. Registered: Check Yes or No to indicate if the vehicle is registered.
34. Check each emergency need (essential items for day-to-day existence). Emergency needs do not include stored food.

Occupants

35. Enter the information for the applicant and all persons who considered the home to be their primary residence at the time of the disaster, whether or not they are related to the applicant. Include the SSN for only the applicant and co-applicant (if applicable). **Representative:** If there are funeral expenses, include the deceased name, SSN, and date of birth.
36. Check Yes or No to indicate whether the household's primary source of income is from self-employment. Check Yes or No to indicate whether the applicant owns or represents a business or rental property affected by the disaster.
37. Enter the number of dependents, including the applicant and those listed as dependents on their Federal Tax Return.
38. Enter the pre-disaster household annual gross income (the total household income before any deductions are subtracted, including income from welfare, child support, stocks, interest, and/or annuities. DO NOT include food stamps or HUD Section 8 assistance). If the applicant is "living off savings, family, or friends," enter the approximate amount they receive yearly. Enter whole dollars only, no symbols or decimal points.
39. If the applicant is found eligible for FEMA assistance and would like funds directly deposited into their bank account, check Yes. If Yes, enter the name of the applicant's financial institution, their 9-digit routing number (the 9-digit number that appears in the lower left corner of a check), the account type, and the applicant's account number (found at the bottom of a check immediately after the routing number). NOTE: Applicant's name must be on the account.

Correspondence

40. Check the language in which the applicant prefers to receive FEMA correspondence.
41. Check the form of communication through which the applicant prefers to receive FEMA correspondence.
Representative: If the applicant chooses to receive email updates, they will not receive any postal mail. They must have a disaster assistance account at DisasterAssistance.gov to receive email updates. Verify the email address entered in field 6.
42. Text messaging is an optional service. Check Yes if the applicant wants to receive text message status alerts in addition to e-mail or postal mail. If Yes, enter the mobile phone number through which the applicant would like to receive text messages. Check Yes or No to indicate if the applicant agrees to the terms of text messaging (FEMA text messages do not replace postal mail or e-mail; FEMA's text messaging number is 4FEMA [43362]. Please note you may also receive a text message from a FEMA inspector to schedule an appointment for your inspection; Standard text message rates apply.).

Representative: Capture demographic information on the FEMA Form FF-256-FY-21-100-Equity Demographics Questions.

43. Enter any comments.
44. Enter name of the FEMA representative filling out the form.

PRIVACY NOTICE

AUTHORITY: FEMA collects, uses, maintains, retrieves, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Pub. L. No. 93-288, as amended, 42 U.S.C. §§ 5121-5207; 6 U.S.C. §§ 776-77, 795; the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d), 7701(c)(1); the Government Performance and Results Act, Pub. L. No. 103-62, as amended; Reorganization Plan No. 3 of 1978; Executive Order 13411, "Improving Assistance for Disaster Victims," August 29, 2006; and Executive Order 12862 "Setting Customer Service Standards," September 11, 2003, as described in this notice.

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed internally within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants. FEMA collects the social security number (SSN) to verify an applicant's identity and to prevent a duplication of benefits.

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 permitted by 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.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: The disclosure of information, including the SSN, on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

PAPERWORK BURDEN DISCLOSURE NOTICE 009-0-1 (Paper Application)

Public reporting burden for this data collection is estimated to average 18 minutes 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 St. SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002) NOTE: Do not send your completed form to this address.