

A woman with dark hair tied back, wearing a pink shirt, is looking at a computer screen. The background shows a home office with a wooden desk, a map on the wall, and a green chair.

All Needs Flow

**REGISTRATION INTAKE  
LANGUAGE UPDATES**

DisasterAssistance.gov

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                           |
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| <div><div>DisasterAssistance.gov</div><div>Get AssistanceInformationAbout UsHelp</div><div>SearchEspanol</div></div> <div><div><div><div>Do you need assistance after a disaster?</div><div>We can help you apply for FEMA disaster assistance and guide you to other resources to help you recover.</div><div>Let's Get StartedHelp</div><div>EspañolOther languages</div></div><div><div>If you need help to complete your application for any reason, call the FEMA Helpline, 7 a.m. to 11 p.m. ET, 7 days a week:</div><div><div>1-800-621-3362</div><div>If you use a video relay service, captioned phone, or other communication service, give FEMA the number for that service.</div></div></div></div></div> <div><div><div>Si habla un idioma diferente al inglés y necesita ayuda con este documento, llame al 800-621-3362 y lo conectaremos con un intérprete que lo ayudará sin costo alguno para usted.</div><div>Если вы не говорите на английском языке и нуждаетесь в помощи, позвоните по номеру 800-621-3362. Вас соединят с переводчиком, который бесплатно поможет вам.</div><div>Se você fala um idioma além do inglês e precisa de ajuda em relação a este documento, ligue para 800-621-3362 e você será conectado a um intérprete que irá ajudá-lo sem nenhum custo adicional.</div><div>Nếu quý vị nói một ngôn ngữ khác Tiếng Anh và cần giúp đỡ với tài liệu này, hãy gọi 800-621-3362 và quý vị sẽ được kết nối với một thông dịch viên, là người sẽ trợ giúp miễn phí cho quý vị.</div><div>영어를 사용하지 못하는 사람으로써 본 문서에 대해 도움이 필요할 경우, 전화 800-621-3362 로 연락하시면 여러분을 무료로 도와줄 통역사와 연결해 드립니다.</div><div>If you speak a language other than English and need help with this document, please call 800-621-3362 and you will be connected to an interpreter who will assist you at no cost.</div></div></div> | <div><div>DisasterAssistance.gov</div><div>HomeContact Us</div></div> <div><div>New Application</div><div>Disaster Assistance Center</div><div>EspañolEnglish</div></div> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Located after the CAPTCHA in the beginning of a new application.                                                                                                          |

**Proposed language:**

**Do you need assistance after a disaster?**

We can help you apply for FEMA disaster assistance and guide you to other resources to help you recover.

**Let's Get Started** [Button]

English/Spanish

If you need help to complete your application for any reason, call the FEMA Helpline, 7 a.m. to 11 p.m. ET, 7 days a week:

- 1-800-621-3362
- If you use a video relay service, captioned phone, or other communication service, give FEMA the number for that service.

(Other Languages pop-up)

Si habla un idioma diferente al inglés y necesita ayuda con este documento, llame al 800-621-3362 y lo conectaremos con un intérprete que lo ayudará sin costo alguno para usted.

Если вы не говорите на английском языке и нуждаетесь в помощи, позвоните по номеру 800-621-3362. Вас соединят с переводчиком, который бесплатно поможет вам.

Se você fala um idioma além do inglês e precisa de ajuda em relação a este documento, ligue para 800-621-3362 e você será conectado a um intérprete que irá ajudá-lo sem nenhum custo adicional.

Nếu quý vị nói một ngôn ngữ khác Tiếng Anh và cần giúp đỡ với tài liệu này, hãy gọi 800-621-3362 và quý vị sẽ được kết nối với một thông dịch viên, là người sẽ trợ giúp miễn phí cho quý vị.

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If you speak a language other than English and need help with this document, please call 800-621-3362 and you will be connected to an interpreter who will assist you at no cost.

**Current language:**

English  
Spanish

What is the location of your loss?

 [Use Current Location](#) Or  Or

DisasterAssistance.gov

[Home](#)[Get Assistance](#)[Information](#)[About Us](#)[Help](#)

[Español](#)

 Transitional Sheltering Assistance (TSA) Hotel Locator ✕

[Read more](#)

 NOTICE: The Application Period for COVID-19 Funeral Assistance is now OPEN. ✕

[Read more](#)

Enter your city and state or ZIP code to see if your area has been declared for Individual Assistance.

NOTE: Your address and personal data will not be stored.

Find Assistance



Apply Online



Check Status



# Language Changes

|                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Proposed language:</b></p> <p><b>What is the location of your loss?</b></p> <p><a href="#">Use Current Location</a> (hyperlink) Or <b>Select a State/Territory</b> (Drop-down menu) Or [Enter ZIP Code] (Text Field)</p> <p><b>Enter City</b> (Text Field which appears if State is selected)</p> | <p><b>Current language:</b></p> <p>Enter your city and state or ZIP code to see if your area has been declared for Individual Assistance.</p> <p><i>NOTE: Your address and personal data will not be stored.</i></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Select the disaster that affected you.

Showing disasters for North Carolina

If you have losses in more than one recent disaster, you must complete a new application for each disaster.

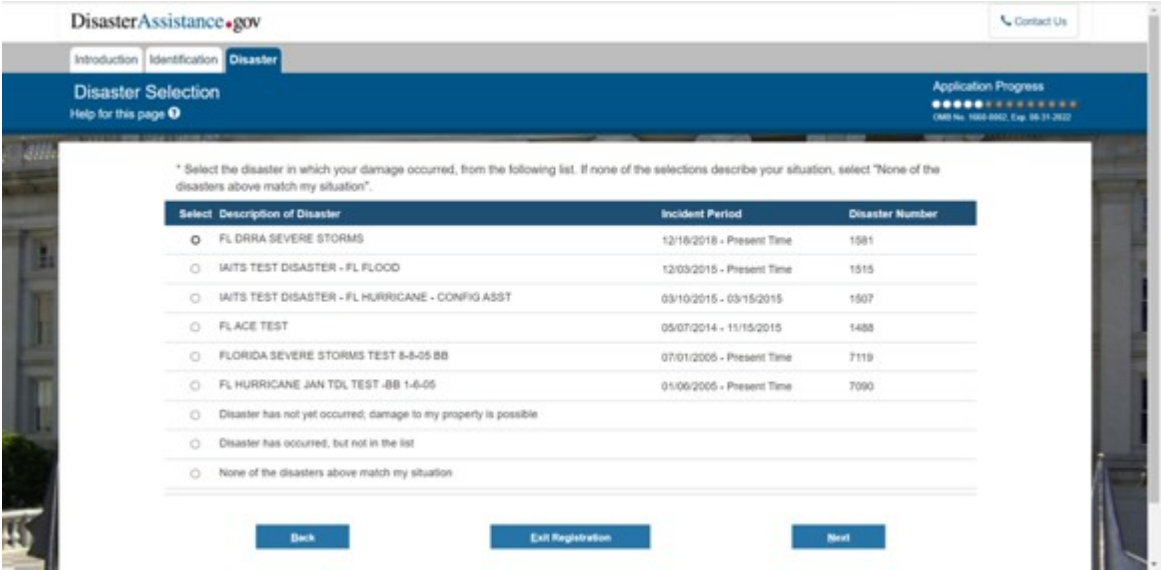
☐ North Carolina - Tropical Storm Eta

| Disaster Occurred           | Type of Disaster |
|-----------------------------|------------------|
| Nov 12, 2020 - Nov 15, 2020 | Tropical Storm   |

☐ North Carolina - Hurricane Isaias

| Incident Period            | Type of Disaster |
|----------------------------|------------------|
| Jul 31, 2020 - Aug 3, 2020 | Hurricane        |

☐ I don't see my disaster listed here



Language Changes

Proposed language:

Select the disaster that affected you.

Showing disasters for (State Selected)

If you have losses in more than one recent disaster, you must complete a new application for each disaster.

☐ I don't see my disaster listed here.

Current language:

\* Select the disaster in which your damage occurred, from the following list. If none of the selections describe your situation, select "None of the disasters above match my situation".

Select your area.

Buncomb County

▼

Next

Select your area.

Alexander County

▼

Did your damage occur in one of the places listed below?

- ☐ Eastern Cherokee Reservation
- ☐ None of the above

Next

Introduction

Identification

County/Parish/Municipio

Help for this page

Application Progress

●●●●●●●●●●●●●●●●

OMB No. 1660-0002, Exp. 06-31-2022

Identification

• Explanation

• Personal

• Language

• Other Needs

• Phone Numbers

• Address

• **County / Parish / Municipio**

\* In what county/parish/municipio did the damage occur?

Buncombe

▼

Back

Exit Registration

Next

Version: 9.15.00.00.1339 | Server: DAC-TDL12C-PUBLIC

Language Changes

|                                                                                                                                                                                                                |                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <p><b>Proposed language:</b></p> <p><b>Select your area.</b> [Drop-down menu]</p> <p>If user selects a different county:<br/>Did your damage occur in one of the places listed below?</p> <p>[Button] Next</p> | <p><b>Current language:</b></p> <p>In what county/parish/municipio did the damage occur? [Drop-down menu]</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

Apply for FEMA Assistance

Start my Application

The following disasters have been declared for Individual Assistance in your area. Click **Apply Online** below to start your application. But please confirm the **Disaster Name** and **Declared Date** for your county. FEMA will only process applications that are linked to the correct disaster.

Declared Counties

| County / County Equivalent | Disaster Name                                     | Disaster Type | Declared Date         |
|----------------------------|---------------------------------------------------|---------------|-----------------------|
| Boulder, CO                | <a href="#">WILDFIRES AND STRAIGHT-LINE WINDS</a> | Fire          | 2021-12-31 23:45:00.0 |

Apply Online

**Proposed language:**

**Apply for FEMA Assistance**

Start My Application [Button]

**Current language:**

The following disasters have been declared for Individual Assistance in your area. Click **Apply Online** below to start your application. But please confirm the **Disaster Name** and **Declared Date** for your county. FEMA will only process applications that are linked to the correct disaster.

## What help do you need?

Check all that apply



☐ Home or Property damage ?



☐ Business



☐ Other expenses ?



☐ Unemployment

Check **Other Expenses** if the disaster caused you to leave your home and you aren't able to return yet. You may still apply now. You can update your application later with more information.

This is a new Screen. We are attempting to filter out users depending on their needs and pointing them to available resources

**Note:** We can't provide money for losses already covered by insurance. So if you have insurance that may cover your losses, contact the company to file a claim as soon as possible.

You don't have to file your insurance claim before you apply with FEMA .

# Language Changes

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <p><b>Proposed language:</b></p> <p><b>What help do you need?</b></p> <p>Check all that apply.</p> <div><input type="checkbox"/> Home or Property damage [Checkbox]</div> <div><input type="checkbox"/> Other expenses [Checkbox]</div> <div><input type="checkbox"/> Business losses [Checkbox]</div> <div><input type="checkbox"/> Unemployment [Checkbox]</div> <p>Check <b>Other Expenses</b> if the disaster caused you to leave your home and you aren't able to return yet. You may still apply now. You can update your application later with more information.</p> <p><b>Note:</b> <i>We can't provide money for losses already covered by insurance. So, if you have insurance that may cover your losses, contact the company to file a claim as soon as possible.</i></p> <p>You don't have to file your insurance claim before you apply with FEMA.</p> <p>Back [Link]</p> <p>Next [Button]</p> | <p><b>Current language:</b></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|

**You checked unemployment ONLY**

**FEMA doesn't currently offer assistance for unemployment.**

You may contact your state's unemployment program to file a claim for benefits. You can use the CareerOneStop [Unemployment Benefits Finder](#) to find your state's program.

If you also have other needs caused by the disaster, [go back](#) to change your answer.

*If you find out later you have other disaster-related losses, you can come back to fill out an application.*

[Back](#)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
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| <div><p><b>You checked unemployment ONLY</b></p><div><p><b>FEMA doesn't currently offer assistance for unemployment.</b></p><p>You may contact your state's unemployment program to file a claim for benefits. You can use the CareerOneStop <a href="#">Unemployment Benefits Finder</a> to find your state's program.</p><p>If you also have other needs caused by the disaster, <a href="#">go back</a> to change your answer.</p></div><div><p><i>If you find out later you have other disaster-related losses, you can come back to fill out an application.</i></p></div><p><a href="#">Back</a></p></div> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

**Proposed language:**

**Current language:**

**You checked business damage ONLY**

**FEMA doesn't currently offer assistance for businesses.**

You may be able to get assistance from the U.S. Small Business Administration (SBA) for your business losses. Please visit SBA's [Disaster Assistance](#) page for more information.

If you also have other needs caused by the disaster, [go back](#) to change your answer.

Here's a list of [assistance from other agencies](#) that may also be able to help.

*If you find out later you have disaster-related losses, you can come back to fill out an application.*

[Back](#)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <div>You checked business damage ONLY</div> <div>FEMA doesn't currently offer assistance for businesses.</div> <div>You may be able to get assistance from the U.S. Small Business Administration (SBA) for your business losses. Please visit SBA's <a href="#">Disaster Assistance</a> page for more information.</div> <div>If you also have other needs caused by the disaster, <a href="#">go back</a> to change your answer.</div> <div>Here's a list of <a href="#">assistance from other agencies</a> that may also be able to help.</div> <div>If you find out later you have disaster-related losses, you can come back to fill out an application.</div> <div><a href="#">Back</a></div> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

**Proposed language:**

**Current language:**

Check all that apply

Check all that apply



- ☐ Home damage
- ☐ Vehicle damage
- ☐ Personal property damage ?



- ☐ Food, clothing, shelter, gas, medication, or medical equipment
- ☐ Essential utilities [?](#)
- ☐ Home access [?](#)



- ☐ Funeral or reburial expenses
- ☐ Lodging expenses ?
- ☒ Medical or dental expenses
- ☐ New or extra childcare costs
- ☐ Miscellaneous item expenses

You said you had funeral or reburial expenses.

FEMA may be able to help with funeral expenses when the disaster caused the death. We may also be able to help when the disaster caused expenses to rebury remains.

FEMA does not help with pre-paid funerals or funeral or reburial expenses already paid by another source. This may include insurance, voluntary organizations, or the U.S. Department of Veteran Affairs.

**Do you have funeral or reburial expenses?**

☐ Yes    ☐ No

You said you have new or extra child care expenses.

FEMA may be able to help with extra child care expenses caused by the disaster. These costs must be for children age 13 and under or children with a disability up to age 21.

Examples include when there's damage to your child care facility and you had to switch to a more expensive provider. Or your costs are the same, but the disaster caused lost or lowered income.

**Do you have extra child care expenses?**

☐ Yes    ☐ No

FEMA may be able to help with the following types of medical or dental expenses caused by the disaster:

- Loss or damage to personal medical or dental equipment, such as a breast-feeding pump, glasses, or dentures
- Expenses for injury or illness, such as an arm broken by a falling tree
- Pre-existing injury, disability, or medical condition made worse by the disaster, such as hospitalization due
- Replacement of prescribed medicines, such as refrigerated medicines ruined by extended power outages
- Medical or dental insurance deductibles and co-payments
- Loss or injury of a service animal, such as a guide dog or other animal that meets the definition of a service animal as defined by the Americans with Disabilities Act

**Do you have medical or dental expenses?**

☐ Yes    ☐ No

FEMA may be able to help with expenses to buy or rent certain items to help make your home safe after a disaster. Your state, territory, or tribe chooses the list of eligible items.

The list usually includes items like a dehumidifier, or a chainsaw to clear a damaged tree blocking access to your home. Other examples include smoke detectors, carbon monoxide detectors, and generators. Generators usually only qualify if you need to power a medically required device, like a refrigerator for insulin.

Have you or do you need to buy or rent these types of items?

☐ Yes    ☐ No

| Introduction                                                                                                                                                                                                                                                   |  | Identification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Disaster |  | <b>Losses</b>                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|-----------------------------------------------------------------------------------------------|--|
| <b>Disaster Related Expenses</b><br>Help for this page ?                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |  | Application Progress<br>●●●●●●●●●●●●●●●●<br><small>OMB No. 1560-0002, Exp. 08-31-2022</small> |  |
| <b>Losses</b><br><br><ul style="list-style-type: none"> <li>• Explanation</li> <li>• Losses</li> <li>• Damage Extent</li> <li>• Dwelling</li> <li>• Home Insurance</li> <li>• <b>Expenses</b></li> <li>• Vehicle Damages</li> <li>• Emergency Needs</li> </ul> |  | <p>Have you incurred uninsured or under-insured expenses as a direct result of the disaster?</p> <p>* Do you have MEDICAL expenses as a result of the disaster?<br/> <input type="radio"/> Yes    <input type="radio"/> No</p> <hr/> <p>* Do you have DENTAL expenses as a result of the disaster?<br/> <input type="radio"/> Yes    <input type="radio"/> No</p>                                                                                                                                                                                                                                       |  |          |  |                                                                                               |  |
| Introduction                                                                                                                                                                                                                                                   |  | Identification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Disaster |  | <b>Losses</b>                                                                                 |  |
| <b>Emergency Needs</b><br>Help for this page ?                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |  | Application Progress<br>●●●●●●●●●●●●●●●●<br><small>OMB No. 1560-0002, Exp. 08-31-2022</small> |  |
| <b>Losses</b><br><br><ul style="list-style-type: none"> <li>• Explanation</li> <li>• Losses</li> <li>• Damage Extent</li> <li>• Dwelling</li> <li>• Home Insurance</li> <li>• Expenses</li> <li>• Other Insurance</li> <li>• Vehicle Damages</li> </ul>        |  | <p>Do you have any immediate needs for evacuation expenses such as clothing, medication, gas, etc?<br/>           If yes, please indicate which needs you have below. Please note: <b>Reimbursement for stored food is <i>not</i> an eligible item.</b></p> <p>Emergency Needs</p> <p><input checked="" type="checkbox"/> I have a disaster related emergency need for food, medication, durable medical equipment or gas.<br/> <input type="checkbox"/> I have a disaster related emergency need for shelter.<br/> <input type="checkbox"/> I have a disaster related emergency need for clothing.</p> |  |          |  |                                                                                               |  |
| Help for this page ?                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |  |                                                                                               |  |
|                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |  |                                                                                               |  |
| <p><b>* Do you have any disaster caused moving and storage expenses?</b><br/> <input type="radio"/> Yes    <input type="radio"/> No</p>                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |  |                                                                                               |  |

## Proposed language:

### What assistance do you need?

Check all that apply.

#### Property Damage

- ☐ Home damage [Checkbox]
- ☐ Vehicle damage [Checkbox]
- ☐ Personal property damage [Checkbox]

#### Emergency Needs

- ☐ Food, clothing, gas, medication, or medical equipment [Checkbox]
- ☐ Essential utilities [Checkbox]
- ☐ Home access

#### Other Expenses

- ☐ Funeral or reburial expenses [Checkbox] **If user checks...**

- ☐ Lodging expenses [Checkbox]

- ☐ Medical or dental expenses [Checkbox] **If user checks...**

FEMA may be able to help with the following types of medical or dental expenses caused by the disaster:

Loss or damage to personal medical or dental equipment, such as a breast-feeding pump, glasses, or dentures

Expenses for injury or illness, such as an arm broken by a falling tree

Pre-existing injury, disability, or medical condition made worse by the disaster, such as hospitalization due

Replacement of prescribed medicines, such as refrigerated medicines ruined by extended power outages

Medical or dental insurance deductibles and co-payments

Loss or injury of a service animal, such as a guide dog or other animal that meets the definition of a service animal as defined by the Americans with Disabilities Act

Do you have any other needs?

## Current language: Emergency Needs

I have a disaster related emergency need for food, medication, durable medical equipment or gas. [Checkbox]

I have a disaster related emergency need for shelter. [Checkbox]

I have a disaster related emergency need for clothing. [Checkbox]

Have you incurred uninsured or under-insured expenses as a direct result of the disaster?

\*Do you have MEDICAL expenses as a result of the disaster?

Yes    No    [Radio Buttons]

\*Do you have DENTAL expenses as a result of the disaster?

Yes    No    [Radio Buttons]

\*Do you have FUNERAL expenses as a result of the disaster?

Yes    No    [Radio Buttons]

## Moving and Storage Expenses

\* **Do you have any disaster caused moving and storage expenses?**

☐ Yes    ☐ No

You checked:

- ✓

Home damage
- ✓

Vehicle damage
- ✓

Personal property damage
- ✓

Food, clothing, shelter, gas, medication, or medical equipment
- ✓

Essential utilities
- ✓

Home access
- ✓

Funeral or reburial expenses
- ✓

Lodging expenses
- ✓

Medical or dental expenses
- ✓

New or extra child care expenses
- ✓

Miscellaneous item expenses

Please select **one** of the following options

☐

This is my primary home. I live here more than 6 months of the year.

☐

This is my vacation or second home.

Introduction

Identification

Disaster

Losses

Damaged Dwelling

Help for this page

Application Progress

CMS No. 1660-0002, Exp. 06-31-2022

Losses

• Explanation

• Losses

• Damage Extent

• Dwelling

• Home Insurance

• Expenses

• Vehicle Damages

• Emergency Needs

Please provide the following information about the damaged dwelling.

\* Where are you currently living or staying?

\* What type of home are you registering?

\* Is this your primary residence, where you live more than six months out of the year?

No (Secondary)

✓ Yes (Primary)

\* Are you currently able to get to your home?

☐ Yes, I am able to get to my home.

☐ I am unable to return to my home due to a mandatory evacuation.

☐ I am unable to return to my home because damages to the roads or bridges in the area prevent it.

**Proposed language:**

**You checked:**

- Home damage
- Vehicle damage
- Personal property damage
- Food, clothing, shelter, gas, medication or medical equipment
- Essential utilities
- Home access
- Funeral or reburial expenses
- Lodging expenses
- Medical or dental expenses
- New or extra child care expenses
- Miscellaneous item expenses

Please select **one** of the following options

This is my primary home. I live here more than 6 months of the year [radio button]

This is my vacation or second home [radio button]

**Current language:**

Is this your primary residence, where you live more than six months out of the year?

No (Secondary)    Yes (Primary)    [Drop-down]

✓ Home damage

Please select **one** of the following options

- Do you also have damage to your personal property, such as appliances and furniture?**

- If user selects Home  
damage but not personal  
property damage

|                              |                                |                          |                               |
|------------------------------|--------------------------------|--------------------------|-------------------------------|
| <a href="#">Introduction</a> | <a href="#">Identification</a> | <a href="#">Disaster</a> | <b><a href="#">Losses</a></b> |
|------------------------------|--------------------------------|--------------------------|-------------------------------|

## Disaster Related Losses

Help for this page ⓘ

**Application Progress**  
  
OAH No. 1860-2002; Exp. 08-31-2022

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**Losses**

- Explanation
- **Losses**
- Dwelling
- Home Insurance
- Expenses
- Emergency Needs

Did you have any of the following losses caused by the disaster?

\* Was your home damaged?

☐ Yes   ☒ No   ☐ Unknown

---

\* Not including vehicles, was any of your personal property damaged?

☐ Yes   ☒ No   ☐ Unknown

---

\* Did the disaster cause you to be without your essential utilities for 5 days or more?

☐ Yes   ☒ No

---

\* Were all the vehicles in your household damaged and considered not drivable?

☐ Yes   ☒ No

---

\* Do you have any new or additional child care costs because of the disaster?

☐ Yes   ☒ No

---

Back
Save or Exit
Next

Version: 9.15.00.00.1339 | Server: DAC-TDL12C-PUBLIC

**Proposed language:**

**You checked Home damage.**

**Please select one of the following options:**

This is my primary home. I live here more than 6 months of the year. [Radio Button]

This is my vacation or second home. [Radio Button]

**Do you also have damage to your personal property, such as appliances and furniture?**

Yes   No   I don't know [Radio Button]

**Current language:**

Is this your primary residence, where you live more than six months out of the year?

No (Secondary)   Yes (Primary)   [Drop-down]

Not including vehicles, was any of your personal property damaged?

Yes   No   Unknown [Radio Buttons]

☐ This is my primary home. I live here more than 6 months of the year.

 This is my vacation or second home.

**You said this is your vacation or second home.**

For some assistance, FEMA can only provide help for your primary home. This is where you normally live more than 6 months of the year.

You may continue with your FEMA application. If you have questions, please call the FEMA Helpline at 1-800-621-3362. If you use a video relay service, captioned phone, or other communication service, give FEMA the number for that service.

Introduction
Identification
Disaster
**Losses**

## Damaged Dwelling

Help for this page

Application Progress

OMB No. 1660-0002, Exp. 06-31-2021

**Losses**

- Explanation
- Losses
- Damage Extent
- Dwelling**
- Home Insurance
- Expenses
- Vehicle Damages
- Emergency Needs

Please provide the following information about the damaged dwelling.

\* Where are you currently living or staying?

\* What type of home are you registering?

\* Is this your primary residence, where you live more than six months out of the year?

\* Are you currently able to get to your home?

☐ Yes, I am able to get to my home.

☐ I am unable to return to my home due to a mandatory evacuation.

☐ I am unable to return to my home because damages to the roads or bridges in the area prevent it.

No (Secondary)

☒ Yes (Primary)

### Vacation Home or Rental Home ONLY Confirmation

Help for this page

### Application Progress

●●●●●●●●●●

OMB No. 1660-0002, Exp. 02-28-2021

- If you have additional disaster caused needs, please select **Back** to return to the Needs Assessment.
- If you would like to exit the application, select **Exit**.
- For a list of other agencies that may be able to provide disaster assistance, please click [here](#).

**Proposed language:**

Please select **one** of the following options

This is my primary home. I live here more than 6 months of the year. [Radio Button]

This is my vacation or second home. [Radio Button]

**Current language:**

Is this your primary residence, where you live more than six months out of the year?

No (Secondary)    Yes (Primary)    [Drop-down]

**Vacation Home or Rental Home ONLY Confirmation**

You indicated you are applying for a Vacation Home or Rental Property ONLY  
**FEMA can only provide assistance for the primary residence where you live the majority of the year.**

- If you have additional disaster caused needs, please select **Back** to return to the Needs Assessment.
- If you would like to exit the application, select **Exit**.
- For a list of other agencies that may be able to provide disaster assistance, please click **here**.

**You are applying for North Carolina - Tropical Storm Eta**  
**This disaster occurred 11/12/2020-11/15/2020**

If this is not correct, [select another disaster](#)

**When did your losses occur?**

11/12/2020

[Edit](#)

☐ Confirm this date

[Back](#)

Select Type of Damage

IntroductionIdentificationDisaster

Damage Type  
Help for this page

Application Progress  
●●●●●●●●●●  
CRM No. 1560-0000, Exp. 08-31-2025

\* When did the damage occur?  
Loss Date:  
06/01/2014

\* What type of damage occurred? Check all that apply.  
☐ Flood  
☐ Hurricane/Hail/Rain/Wind Driven Rain

If you do not see the type of damage that occurred to your home above, please select Other damage not listed here.  
☐ Other damage not listed here

Back

Exit Registration

Next

Version: 9.15.00.00.1339 | Server: DAC-TDL12C-PUBLIC

**Proposed language:**

**You are applying for North Carolina – Tropical Storm Eta.  
This disaster occurred 11/12/2020-11/15/2020.**

If this is not correct, please pick another disaster. (hyperlink)

**When did your losses occur?**  
[Text Field]

**Confirm this date** [Button]

**Current language:**

**Damage Type**

**\*When did the damage occur?**

**Loss Date:**  
[Text Field]

## Type of Damage

What caused your losses?

Check all that apply

- ☐ Earthquake
- ☐ Fire/Lava Flow/Ash
- ☐ Flood
- ☐ Hurricane/Hail/Rain/Wind Driven Rain
- ☐ Ice/Snow
- ☐ Power Surge/Lightning
- ☐ Seepage
- ☐ Sewer Backup
- ☐ Tornado/Wind
- ☐ Other damage not listed here

IntroductionIdentificationDisaster

Damage Type  
Help for this page

Application Progress  
●●●●●●●●●●●●●●●●  
OMB No. 1545-0047, Exp. 06-31-2022

\* When did the damage occur?  
Loss Date:

06/01/2014

\* What type of damage occurred? Check all that apply.

☐ Flood

☐ Hurricane/Hail/Rain/Wind Driven Rain

If you do not see the type of damage that occurred to your home above, please select **Other damage not listed here**.

☐ Other damage not listed here

Back

Exit Registration

Next

Version: 9.15.00.00.1339 | Server: DAC-TDL12C-PUBLIC

**Proposed language:**

**Type of Damage**

**What caused your losses?**

Check all that apply.

- ☐ Earthquake [Checkbox]
- ☐ Fire, Lava Flow, Ash [Checkbox]
- ☐ Flood [Checkbox]
- ☐ Hurricane, Hail, Rain, Wind-driven Rain [Checkbox]
- ☐ Ice, Snow [Checkbox]
- ☐ Power Surge, Lightning [Checkbox]
- ☐ Seepage [Checkbox]
- ☐ Sewer Backup [Checkbox]
- ☐ Tornado, Wind [Checkbox]
- ☐ Other damage not listed here [Checkbox]

This list updates depending on the disaster type

**Current language:**

**Damage Type**

What type of damage do you have? Check all that apply

**Flood** [Checkbox]

**Hurricane/Hail/Rain/Wind Driven Rain** [Checkbox]

\_\_\_\_\_

If you do not see the type of damage that occurred to your home above, please select **Other damage not listed here**.

**Other damage not listed here** [Checkbox]

## Create an Online Account

When you create an online account, you can save your work as you fill out the application or pick up where you left off if you need to come back later.

An online account also lets you:

- Check the status of your application.
- Get messages and requests from FEMA.
- Add or update your contact information.
- Update your insurance and bank information.
- Upload documents.
- View information about other types of assistance.

[Read the Privacy Act Statement](#)

☒ ***\* I agree that I have read and accept the Privacy Act Statement. I declare I or someone in my household is a citizen, non-citizen national, or a qualified alien of the United States.***

[Back](#)

Sign in or Create an Account

### Next Steps

#### Create an Online Account

You are encouraged to create an online account. This is different from the registration you've just completed. If you chose email correspondence, you must have an account to view information from FEMA.

With an online account, you can:

- Check the status of your registration.
- Receive updates and requests from FEMA.
- Add or update your contact information.
- Update your insurance and bank information.
- Review information about other assistance you may be eligible for.

Create Account

[Skip](#)

## Proposed language:

### Create an Online Account

When you create an online account, you can save your work as you fill out the application or pick up where you left off if you need to come back later.

An online account also lets you:

- Check the status of your application.
- Get messages and requests from FEMA.
- Add or update your contact information.
- Update your insurance and bank information.
- Upload documents.
- View information about other types of assistance.

Read the [Privacy Act Statement](#) [hyperlink – see next slide].

***\*I agree that I have read and accept the Privacy Act Statement. I declare I or someone in my household is a citizen, non-citizen national, or a qualified alien of the United States.*** [Checkbox] *[Opens Privacy Statement and requires user to scroll to the bottom to view the whole statement.]*

**Sign In or Create an Account** [Button appears if you click the agreement statement]

## Current language:

### Create an Online Account

**You are encouraged to create an online account. This is different from the** registration you've just completed. If you chose email correspondence, you must have an account to view information from FEMA.

With an online account, you can:

- Check the status of your registration.
- Receive updates and requests from FEMA.
- Add or update your contact information.
- Update your insurance and bank information.
- Review information about other assistance you may be eligible for.

Create Account [Button]

Skip [Link]

# Privacy Act Statement and Declaration of Eligibility

FEMA is required by law to provide you with a copy of the Privacy Act Statement.

The Privacy Act of 1974 protects your rights as to how FEMA uses and shares your information with entities such as states, tribes, local governments, and other organizations. The Stafford Act and other laws allow FEMA to collect information to determine eligibility and provide assistance as a result of a Presidentially declared disaster.

If you receive FEMA assistance and your insurance or other sources cover the same loss, you may be required to return some or all of the FEMA assistance you received.

To be eligible for assistance, you must declare, that you or someone in your household is a citizen, non-citizen national, or a qualified alien of the United States. If you provide false information or lie in an attempt to get assistance, it is a violation of federal and state laws, which carry criminal or civil penalties or both.

You authorize FEMA and the state, tribe, or local government to verify all the information you provide and request documentation from your insurance company, or other third parties, to determine your eligibility for assistance.

The disclosure of information, including the Social Security number, on this form is voluntary; however, failure to provide the information requested may delay or prevent you from receiving disaster assistance.

Close

[Read the Privacy Act Statement](#)

☒ \* **I agree that I have read and accept the Privacy Act Statement. I declare I or someone in my household is a citizen, non-citizen national, or a qualified alien of the United States.**

FEMA is required by law to provide you with a copy of the Privacy Act Statement.

**CITIZENSHIP:** In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. Please feel free to consult with an attorney or other immigration expert if you have any questions. By checking the box below, you hereby declare under penalty of perjury, that you are a citizen or non-citizen national of the United States, or a qualified alien of the United States, or a parent or legal custodian of a child who is a minor, who resides with you and who is a citizen, naturalized citizen or qualified alien of the United States.

**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.

**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 Plan (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.

**I hereby declare, under penalty of perjury that one of the following is true:**

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States.

☐ • **I accept the Privacy Act Statement and declare that I am eligible**

Back

Exit Registration

Next

**Proposed language:**

insurance or other sources

Social Security number

**Current language:**

FEMA is required by law to provide you with a copy of the Privacy Act Statement. **CITIZENSHIP:** In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. Please feel free to consult with an attorney or other immigration expert if you have any questions. By checking the box below, you hereby declare under penalty of perjury, that you are a citizen or non-citizen national of the United States, or a qualified alien of the United States, or a parent or legal custodian of a child who is a minor, who resides with you and who is a citizen, naturalized citizen or qualified alien of the United States.

**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.

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**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.

**I hereby declare, under penalty of perjury that one of the following is true:**

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States.

**\* I accept the Privacy Act Statement and declare that I am eligible**

LOGIN.GOV

DisasterAssistance.gov



DisasterAssistance.gov is using login.gov to allow you to sign in to your account safely and securely.

Sign in

Email address

Password

☐ Show password

Sign in

Create an account

[Sign in with your government employee ID](#)

[Back to DisasterAssistance.gov](#)

[Forgot your password?](#)

[Security Practices and Privacy Act Statement](#)

[Privacy Act Statement](#)

US General Services Administration

Language

HELP

CONTACT

PRIVACY & SECURITY

Create a User ID and Password for your account.

The email address shown below is the one FEMA has on file for you. You either entered it during registration or called the FEMA Helpline to request a change. If this is not the correct email address, please call the FEMA Helpline, 7 a.m. to 1 a.m. ET, 7 days a week:

- 1-800-621-3362
- TTY 1-800-462-7585
- 711 or VRS 1-800-621-3362
- If you use a relay service, such as video relay service (VRS), captioned phone, or others, give FEMA the number for that service.

Enter a User ID

7-14 characters, no spaces, quotes, or # sign

Enter Password

Password must be between 8 and 14 characters and

- Contain at least 2 upper and 2 lower case characters.
- Contain at least 2 numbers.
- Contain at least 1 special character.
- Cannot contain the following special characters: commas (,), backslashes (\), double quotes ("), single quotes ('), ampersands (&), the @ sign, the question mark (?), curly braces {}, pipes |), hashes (#), or spaces.
- Cannot be identical to the previous password.

Confirm Password

Enter Email Address

Confirm Email Address



## Proposed language:

Read the [Paperwork Burden Disclosure](#). (hyperlink; example text)

You need the following to complete your application:

- **Social Security Number (SSN) OR SSN of a qualified minor child** (Minor child must live in the household and be a U.S. citizen, non-citizen national, or qualified alien.)
- **Annual Household Income**
- **Contact Information**
- **Insurance Information**
- **Bank Account Information**

In most cases you can only submit one application per household. There may be situations where more than one application per household is possible. Anyone living at the address who is financially responsible for themselves may submit a separate application. Examples: A boarder who pays rent for space in the home or roommates who are all named on the lease.

**Call FEMA's Helpline if you have questions about:**

- How to apply for assistance.
- How to complete your application.
- How to get information or make updates to your account.
- The help FEMA offers.

**You may call 7 a.m. to 11 p.m. ET, 7 days a week:**

- 1-800-621-3362 (711 available)
- If you use a video relay service, captioned phone, or other communication service, give FEMA the number for that service when you call.

**If you're having technical problems, call FEMA's Internet Help Desk, 24 hours a day, 7 days a week:**

- 1-800-745-0243

**The help desk can help you with:**

- Lost or forgotten user ID, password, or PIN.
- Errors or other site-related problems.

**Note:** The FEMA Internet Help Desk is not able to provide any information or help with your FEMA application.

To learn more about how FEMA can help support your disaster recovery, visit the Individual Assistance page.

**Get Started** [Button]

## Current language:

If you are a disaster survivor, you may qualify for federal assistance.

If you are applying for both home and business disaster assistance, complete one registration to cover both.

If you are applying for multiple disasters, you will need to complete a registration for each disaster.

**You'll need the following to complete your registration:**

Social Security Number (SSN) OR the SSN of a minor child in the household who is a U.S. Citizen, Non-Citizen National or Qualified Alien

Annual Household Income

Contact Information (phone number, mailing address, email address\*, and damaged home address)

Insurance Information (coverage, insurance company name, etc.)

Bank Account Information (if you are eligible to receive financial assistance, the money can be deposited in your account)

\* **Note:** You must provide an email address if you want to review your registration status online. If you do not provide an email address, you will be required to contact FEMA for any updates to your registration.

**If you need further information or assistance:**

Call the FEMA Helpline at 1-800-621-3362. This number is also for users of 711 or Video Relay Service (VRS). TTY users can call 1-800-462-7585. Helpline services are available 7 days a week from 7 a.m. to 1 a.m. ET.

If you use a relay service, such as video relay service (VRS), captioned phone, or others, give FEMA the number for that service.

If you are having technical issues, call FEMA's Internet Help Desk at 1-800-745-0243. They are available 24 hours a day, 7 days a week.

To learn more, review the [Help After a Disaster](#) brochure. This provides policy and eligibility information for all assistance under the Individuals and Households Program (IHP). Visit the [Individual Disaster Assistance](#) page for more details. You may also view [Disasters](#) by calendar year or [find other agency support by disaster](#).

Application Instructions

PERSONAL INFORMATION

Completed sections

EXTENT OF DAMAGE

Dropdown for additional links

INCOME INFORMATION

Blue text signifies enabled link

INSURANCE & COVERAGE

Current page selection

Medical & Dental Insurance

Error on page

DEMOGRAPHICS

Gray text signifies disabled link

REVIEW

PERSONAL INFORMATION

Completed sections

EXTENT OF DAMAGE

Dropdown for additional links

INCOME INFORMATION

Blue text signifies enabled link

INSURANCE & COVERAGE

Current page selection

Medical & Dental Insurance

Error on page

DEMOGRAPHICS

Gray text signifies disabled link

REVIEW

Filing an Application for Someone Other Than Yourself

Sometimes there are situations when a person affected by a disaster is not able to apply for themselves. In these cases, FEMA allows a representative to apply for this person as long as they are able to provide us with all relevant information.

If you will be helping this person throughout the process, they must provide FEMA with a [release-of-information](#) (PDF 553 KB) document that allows you access to the file.

**Note:** 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.

[Back](#)

Begin Application

Instructions

- Instructions
- Privacy Act
- Isaac Override

The application process will take approximately 20 minutes. An asterisk (\*) identifies required fields which you must answer to complete the registration.

**Paperwork Burden Disclosure Notice (FEMA Form 009-0-1)**  
Public reporting burden for this data collection 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 data needed, and completing and submitting this form. 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 Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002) NOTE: Do not send your completed form to this address. .

You will be presented with a series of screens. Each screen has important information and/or a set of related questions.

- For help on any field click the **Help for this page**. This will provide helpful information about how to answer each question as you progress through the application.
- Read the information carefully and answer the questions on the screen. When you have read the information and answered all of the required questions, click the "Next" button at the bottom of the page to continue the registration process.
- As you progress through the registration process, the tabs at the top of the screen change. You can review any of the information you previously submitted by selecting the appropriate tab.
- You can cancel your application at any time by clicking "Exit Registration".

*Note: It is important to know that your registration becomes a legal document. FEMA may use external sources to verify the accuracy of the information you enter. If you intentionally make false statements or hide information to try to get assistance, it's a violation of federal and state laws. This can carry severe criminal and civil penalties. Penalties may include a fine of up to \$250,000, imprisonment, or both (18 U.S.C § 287, 1001, and 3571).*

Exit Registration

Next

## Proposed language:

### Application Instructions

- **All fields are required** except those marked as “Optional.”
- Click the **information icon** to get more guidance.
- The green bar at the top of each screen shows your progress through the application.
- Use the links in the menu or buttons at the bottom of each screen to move through the application.

(Graphical depiction of form navigation)

### Filing an Application for Someone Other Than Yourself

Sometimes there are situations when a person affected by a disaster is not able to apply for themselves. In these cases, FEMA allows a representative to apply for this person as long as they are able to provide us with all relevant information.

If you will be helping this person throughout the process, they must provide FEMA with a [release-of-information](#) (PDF, 553 KB) document that allows you access to the file.

**Note:** *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.*

Begin Application [Button]

## Current language:

You will be presented with a series of screens. Each screen has important information and/or a set of related questions. For help on any field click the **Help for this page**. This will provide helpful information about how to answer each question as you progress through the application.

Read the information carefully and answer the questions on the screen. When you have read the information and answered all of the required questions, click the "Next" button at the bottom of the page to continue the registration process.

As you progress through the registration process, the tabs at the top of the screen change. You can review any of the information you previously submitted by selecting the appropriate tab.

You can cancel your application at any time by clicking "Exit Registration".

**Note:** *It is important to know that your registration becomes a legal document. FEMA may use external sources to verify the accuracy of the information you enter. If you intentionally make false statements or hide information to try to get assistance, it's a violation of federal and state laws. This can carry severe criminal and civil penalties. Penalties may include a fine of up to \$250,000, imprisonment, or both (18 U.S.C § 287, 1001, and 3571).*

Personal Information

Let's get your personal details now.

To qualify for FEMA Assistance, the person listed as the applicant must be a U.S. citizen, non-citizen national, or qualified alien. If you need to apply under a qualified minor child who lives in your household, you must enter the child's information as the applicant.

First Name

Applicant First Name

MI (Optional)

MI

Last Name

Applicant Last Name

Suffix (Optional)

Ex. Jr.

Preferred Name (Optional)

Ex: Nickname

Social Security Number

###

 - 

##

 - 

####

☐ Show Social Security Number

Date of Birth

mm/dd/yyyy

Email Address

Frank-green@yahoo.com

Primary Phone Number

Type

Notes (Optional)

(555)-555-5555

Select

Additional Notes

Alternate Phone Number

Type

Notes (Optional)

(555)-555-5555

Select

Additional Notes

Do you want to add a co-applicant?

This person will have full access and be able to update information on the application.

Note: The parent or guardian must be listed as a co-applicant when applying under a qualified minor child.

☐ Yes ☐ No

Enter your co-applicant's details:

First Name

Co-Applicant First Name

MI (Optional)

MI

Last Name

Co-Applicant Last Name

Suffix (Optional)

Ex. Jr.

Preferred Name (Optional)

Co-Applicant Preferred Name

Social Security Number (Optional)

☐ Show Social Security Number

Co-Applicant Date of Birth

mm/dd/yyyy

Identification

- Explanation
- Personal
- Language
- Other Needs
- Phone Numbers
- Address
- County / Parish / Municipio
- Isaac Override

To register for disaster assistance, please provide the following information:

\* Prefix:

\* Applicant First Name:

Applicant MI:

\* Applicant Last Name:

\* Applicant Social Security Number:  -  -

☐ Show Social Security Number

\* Date of Birth: MM/DD/YYYY  /  /

Enter your email address so you have the option to check your registration status online.  
If you do not enter your email address, you will need to call FEMA to get updates on your registration.

Email Address:

Verify Email:

Back

Exit Registration

Next

Please provide the phone number used in the damaged dwelling whether it is working or not and current/alternate phone number(s) in case we need to contact you regarding your registration for disaster assistance.

Damaged Dwelling Phone

\* Phone Number  -  -

☐ My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.

Current Phone

\* Phone Number  -  -

Ext.

Note

Cell Phone

Phone Number  -  -

Alternate Phone

Phone Number  -  -

Ext.

Note

Proposed language:

Personal Information

Let’s get your personal details now.

*To qualify for FEMA Assistance, the person listed as the applicant must be a U.S. citizen, non-citizen national, or qualified alien. If you need to apply under a qualified minor child who lives in your household, you must enter the child’s information as the applicant.*

First Name [Text Field]  
MI (Optional) [Text Field]  
Last Name [Text Field]  
Suffix (Optional) [Text Field]  
Preferred Name (Optional) [Text Field]  
Social Security Number [Text Field]  
Show Social Security Number [Checkbox]  
Date of Birth [Text Field]  
Email Address [Text Field]  
Primary Phone Number [Text Field]  
Type [Dropdown]   Cell   Home   Office   Other  
Notes (Optional) [Text Field]  
Alternate Number (Optional) [Text Field]  
Type [Dropdown]   Cell   Home   Office   Other  
Notes (Optional) [Text Field]

**Do you want to add a co-applicant?**  
This person will have full access and be able to update information on the application.

**Note:** *The parent or guardian must be listed as a co-applicant when applying under a qualified minor child.*

Yes   No   [Radio Buttons]

First Name [Text Field]  
MI (Optional) [Text Field]  
Last Name [Text Field]  
Suffix (Optional) [Text Field]  
Preferred Name (Optional) [Text Field]  
Social Security Number (Optional) [Text Field]  
Show Social Security Number [Checkbox]  
Co-Applicant Date of Birth [Text Field]

**Current language:**  
To register for disaster assistance, please provide the following information:

- \* **Prefix:** MR/MS
- \* **Applicant First Name:**
- Applicant MI:**
- \* **Applicant Last Name:**
- \* **Applicant Social Security Number:**  
Show Social Security Number
- \* **Date of Birth:** MM/DD/YYYY

**Enter your email address so you have the option to check your registration status online.**  
**If you do not enter your email address, you will need to call FEMA to get updates on your registration.**  
Email Address:  
Verify Email

**Please provide the phone number used in the damaged dwelling whether it is working or not and current/alternate phone number(s) in case we need to contact you regarding your registration for disaster assistance.**

**Damage Dwelling Phone:**  
My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.  
**Current Phone:**  
**Cell Phone:**  
**Alternate Phone:**

**Note:**

Personal Information

Let's get your personal details now.

If you are applying for funeral expenses, we are sorry for your loss. To apply for funeral expenses, use the name and Social Security number (SSN) of the person responsible for the deceased person's funeral costs.

First Name

Applicant First Name

MI (Optional)

MI

Last Name

Applicant Last Name

Suffix (Optional)

Ex. Jr.

Preferred Name (Optional)

Applicant Preferred Name

Social Security Number

###

-

##

-

####

☐ Show Social Security Number

Date of Birth

DD/MM/YYYY

Email Address

Frank-green@yahoo.com

Primary Phone Number

(555)-555-5555

Type

Select

Notes (Optional)

Additional Notes

Alternate Number (Optional)

(555)-555-5555

Type

Select

Notes (Optional)

Additional Notes

Enter your co-applicant's details:

First Name

Co-Applicant First Name

MI (Optional)

MI

Last Name

Co-Applicant Last Name

Suffix (Optional)

Ex. Jr.

Preferred Name (Optional)

Co-Applicant Preferred Name

Social Security Number (Optional)

☐ Show Social Security Number

Co-Applicant Date of Birth

mm/dd/yyyy

Do you want to add a co-applicant?

This person will have full access and be able to update information on the application.

If another person also paid for the funeral costs, they should be included as the co-applicant.

☐ Yes ☐ No

To register for disaster assistance, please provide the following information:

\* Prefix:

\* Applicant First Name:

Applicant MI:

\* Applicant Last Name:

\* Applicant Social Security Number:  -  - 

☐ Show Social Security Number

\* Date of Birth: MM/DD/YYYY  /  /

Enter your email address so you have the option to check your registration status online.  
If you do not enter your email address, you will need to call FEMA to get updates on your registration.

Email Address:

Verify Email:

[Back](#) [Exit Registration](#) [Next](#)

Please provide the phone number used in the damaged dwelling whether it is working or not and current/alternate phone number(s) in case we need to contact you regarding your registration for disaster assistance.

Damaged Dwelling Phone

\* Phone Number  -  -

☐ My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.

Current Phone

\* Phone Number  -  -

Ext.

Note

Cell Phone

Phone Number  -  -

Alternate Phone

Phone Number  -  -

Ext.

Note

Proposed language:

Personal Information

Let’s get your personal details now.

If you are applying for funeral expenses, we are sorry for your loss. To apply for funeral assistance, use the name and Social Security number (SSN) of the person responsible for the deceased person’s funeral costs.

First Name [Text Field]  
MI (Optional) [Text Field]  
Last Name [Text Field]  
Suffix (Optional) [Text Field]  
Preferred Name (Optional) [Text Field]  
Social Security Number [Text Field]  
Show Social Security Number [Checkbox]  
Date of Birth [Text Field]  
Email Address [Text Field]  
Primary Phone Number [Text Field]  
Type [Dropdown]   Cell   Home   Office   Other  
Notes (Optional) [Text Field]  
Alternate Number (Optional) [Text Field]  
Type [Dropdown]   Cell   Home   Office   Other  
Notes (Optional) [Text Field]

Do you want to add a co-applicant?

This person will have full access and be able to update information on the application.

If another person also paid for funeral costs, they should be included as the co-applicant.

Yes   No   [Radio Buttons]

First Name [Text Field]  
MI (Optional) [Text Field]  
Last Name [Text Field]  
Suffix (Optional) [Text Field]  
Preferred Name (Optional) [Text Field]  
Social Security Number (Optional) [Text Field]  
Show Social Security Number [Checkbox]  
Co-Applicant Date of Birth [Text Field]

Current language:  
Personal Identification

To register for disaster assistance, please provide the following information:

- \* Prefix: [Dropdown] MR / MS
- \* Applicant First Name: [Text Field]
- Applicant MI: [Text Field]
- \* Applicant Last Name: [Text Field]
- \* Applicant Social Security Number: [Text Field]
- Show Social Security Number [Checkbox]
- \* Date of Birth: MM/DD/YYYY / [Text Field]

Enter your email address so you have the option to check your registration status online.

If you do not enter your email address, you will need to call FEMA to get updates on your registration.

Email Address: [Text Field]

Verify Email [Text Field]

Contact Phone Numbers  
Please provide the phone number used in the damaged dwelling whether it is working or not and current/alternate phone number(s) in case we need to contact you regarding your registration for disaster assistance.

Damage Dwelling Phone:  
My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.  
Current Phone:  
Cell Phone:  
Alternate Phone:

Note:

## Where Did Your Losses Occur?

Enter the full physical street address of your home. Include the house or building number, the street name, and any unit number. **Do not abbreviate street names or enter a P.O. Box.**

ZIP  
28806

ZIP +4 (Optional)  
ZIP +4

Street Address  
Street Name

Unit # (Optional)  
Unit #

City  
Ashtville

State  
North Carolina

County, Parish, Municipality, Tribal Nation  
Buncomb County

What type of home was damaged?  
Select

Do you own or rent this home?  
☐ Own ☐ Rent

Is this your current mailing address?  
(If you receive your mail at a P.O. Box, please select **No**)  
☐ Yes ☐ No

Enter the full physical street address or a P.O. box where you can get your mail. Include the house or building number, street name, and any unit number. **Do not abbreviate street names.**

In Care Of  
Enter Name

ZIP

Street Name  
Street Name

Unit # (Optional)  
Unit #

City  
City

State  
State

Please provide the full physical street address where the damage occurred, including the house or building number, the street name and any apartment or lot number. Do not abbreviate street names or enter a P.O. Box.  
Use the information in the help for this page (located at the top of the page) if:

- You have an uncommon address (no street name, house number, city, etc.)
- OR
- Your mailing address is different from your home address

\* ZIP ZIP+4

\* Street Address

\* City

\* State

\* Do you own this home or do you rent it?

\* Is the address above also your mailing address?  
(If you receive your mail at a P.O. Box, please select No)

Back Exit Registration Next

Please provide the full physical street address or a PO Box where you receive your mail. When entering a street number, street name and any apartment or lot number. Do not abbreviate street names.

In Care Of

\* ZIP ZIP+4

\* Street Address

\* City

\* State

Back Exit Registration Next

Please provide the following information about the damaged dwelling.

\* Where are you currently living or staying?

\* What type of home are you registering?

Home Type –  
Owner Options

Boat  
Condo  
House-Single/Duplex  
Mobile Home  
Other  
Townhouse  
Travel Trailer

Home Type –  
Renter Options

Apartment  
Assisted Living Facility  
Boat  
College Dormitory  
Condo  
Correctional Facility  
House-Single/Duplex  
Military Housing  
Mobile Home  
Other  
Townhouse  
Travel Trailer

**Proposed language:**

Where Did Your Losses Occur?

your current mailing address?

**[If No is selected, the following will appear]**

Enter the full physical street address or a P.O. box where you can get your mail. Include the house or building number, street name, and any unit number. **Do not abbreviate street names.**

In Care Of [Text Field]  
ZIP [Text Field]  
Street Address [Text Field]  
Unit # [Text Field]  
City [Text Field]  
State [Text Field]

**Current language:**

Please provide the full physical street address where the damage occurred, including the house or building number, the street name and **any** apartment or lot number. **Do not abbreviate street names or enter a PO Box.**

**Use the information in the *Help for this page*** (located at the top of the page) if:

You have an uncommon address (no street name, house number, city, etc,)

OR

Your mailing address is different from your home address

- \* ZIP ZIP+4 [Text Field]
- \* Street Address [Text Field]
- \* City [Drop-down]
- \* State [Drop-down]
- \* Do you own this home or do you rent it? Own    Rent [Drop-down]
- Is the address above also your mailing address? [Drop-down]  
(If you receive your mail at a P.O. Box, please select **No**)

---

Please provide the full physical street address or a PO Box where you receive your mail. When entering a street address, include the house or building number, street name and any apartment or lot number. **Do not abbreviate street names.**

In Care Of [Text Field]  
\* ZIP ZIP+4 [Text Field]  
\* Street Address [Text Field]  
\* City [Drop-down]

# Extent of Damage

You said your home or personal property was damaged. We would like to know the kind of damage the disaster caused. Read each option carefully and select the one that most applies to you.

| ● Minor Damage                                                                                                                                                                                                                                                                                                                                                                                            | ● Moderate Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ● Major Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ● Complete Loss                                                                                                                                                                       | ● Unsure                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I have <b>minor</b> damage, but I'm able to live in my home.                                                                                                                                                                                                                                                                                                                                              | I have <b>moderate</b> damage that requires a lot of repairs. I may not be able to live in my home.                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I have <b>major</b> damage that requires substantial repairs. I'm not able to live in my home.                                                                                                                                                                                                                                                                                                                                                                              | My home is a <b>complete loss</b> .                                                                                                                                                   | I'm <b>unsure</b> or have <b>unknown</b> damage to my home.                                                                                                                                                              |
| <ul style="list-style-type: none"><li>Some damage to or missing roof shingles, siding, gutters, etc.</li><li>Some cracked or broken windows.</li><li>Minor cracks in floor, walls, or ceilings.</li><li>Flood water or sewer backup entered my home but was less than 3 inches deep.</li><li>Cleaning supplies and equipment OR professional services are needed to clean and sanitize my home.</li></ul> | <ul style="list-style-type: none"><li>Flood water entered my home and was between 3 inches and 2 feet deep.</li><li>Damage to roof covering (shingles or metal) caused damage inside my home.</li><li>Damage to exterior doors, windows, siding, or foundation.</li><li>Damage to well, septic, or HVAC (central air and heat).</li><li>Damage to accessibility aids (lift, ramp, etc.) prevents safe access.</li><li>Debris or over-hanging trees prevent safe access.</li><li>Damage to or loss of some household appliances or furnishings.</li></ul> | <ul style="list-style-type: none"><li>Flood water entered my home and was above 2 feet deep on first occupied floor.</li><li>Major structural damage to roof, ceilings, walls, or foundation.</li><li>Damage to private road or bridge prevents access to my home.</li><li>Immediate threat to my home's stability from landslide or erosion.</li><li>Loss of most or all appliances and furnishings.</li><li>Unsafe to live in until completion of home repairs.</li></ul> | <ul style="list-style-type: none"><li>Leveled or completely collapsed.</li><li>Washed away.</li><li>Burned to the ground.</li><li>Beyond repair, there's no saving my home.</li></ul> | <ul style="list-style-type: none"><li>Unsure which option best fits my damage.</li><li>Can't get to or access my home to see damage.</li><li>I left my home under mandatory evacuation, don't know the damage.</li></ul> |

✦ 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 my 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.
- 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.

## Proposed language:

### Extent of Damage

You said your home or personal property were damaged. We would like to know the type of damage the disaster caused.

Read each option carefully and select the one that most applies to you.

#### Minor Damage

I have **minor** damage, but I'm able to live in my home.

- Some damage to or missing roof shingles, siding, gutters, etc.
- Some cracked or broken windows.
- Minor cracks in floor, walls, or ceilings.
- Flood water or sewer backup entered my home but was less than 3 inches deep.
- Cleaning supplies and equipment OR professional services are needed to clean and sanitize my home.

#### Moderate Damage

I have **moderate** damage 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) caused damage inside my home.
- Damage to exterior doors, windows, siding, or foundation.
- Damage to well, septic, or HVAC (central air and heat).
- Damage to accessibility aids (lift, ramp, etc.) prevents safe access.
- Debris or over-hanging trees prevent safe access.
- Damage to or loss of some household appliances or furnishings.

#### Major Damage

I have **major** damage that requires substantial repairs. I'm not able to live in my home.

- Flood water entered my home and was above 2 feet deep on first occupied floor.
- Major structural damage to roof, ceilings, walls, or foundation.
- Damage to private road or bridge prevents access to my home.
- Immediate threat to my home's stability from landslide or erosion.
- Loss of most or all appliances and furnishings.
- Unsafe to live in until completion of home repairs.

#### Complete Loss

My home is a **complete loss**.

- Leveled or completely collapsed.
- Washed away.
- Burned to the ground.
- Beyond repair, there's no saving my home.

#### Unsure

I'm **unsure** or have **unknown** damage to my home.

- Unsure which option best fits my damage.
- Can't get to or access my home to see damage.
- I left my home under mandatory evacuation, don't know the damage.

## Current language:

You indicated your home or personal property was damaged. FEMA would like to understand the damage the disaster caused. Please read each option and select the one that best matches your situation.

If, after reading the options, you are unsure about what category your damage falls under, you may ask for examples. [Please click **Help for this page** for examples.]

#### 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 my 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.
- 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.

Home Accessibility

Are you safely able to get to your home or leave if you need to?

- ☐ Yes, I am able to both get to and leave my home.
- ☐ No, I can't, because of flooding or damage to public roads, bridges, or docks.
- ☐ No, I can't, because of damage to a privately-owned road, bridge, or dock.
- ☐ No, I can't, because my medical or accessibility features are damaged. (Such as a ramp, elevator, etc.)
- ☐ No, I can't, due to mandatory evacuation.

Where are you currently staying?

Select

If your housing situation changes, sign in to your account or contact FEMA to update your application.

You said you have temporary lodging expenses. Do you get assistance with temporary lodging expenses from any other source? This may include homeowners insurance, voluntary organizations, etc.

- ☐ Yes
- ☐ No
- ☐ I don't know

FEMA may be able to help with moving and storage expenses if the disaster caused you to move.

Eligible expenses include costs to move and store furniture while repairing your damaged home. Or costs to move from a damaged home or apartment to a new or temporary home. FEMA does not assist with any costs to move or store items to avoid damage before the disaster.

Do you have a need for help with moving and storage expenses after the disaster?

- ☐ Yes
- ☐ No

- ✓ Select
- My Home
  - Family or Friends
  - Hotel or Motel
  - Mass Shelter
  - Church or House of Worship
  - Homeless
  - FEMA Provided Unit
  - New Permanent Rental
  - New Temporary Rental
  - Place of Employment
  - Bought a New Home
  - RV or Camper
  - Second Home
  - My Vehicle
  - Tent

IntroductionIdentificationDisaster**Losses**

Damaged Dwelling

Help for this page

Application Progress

●●●●●●●●●●●●●●●●

OMB No. 1660-0002, Exp. 08-31-2022

Losses

- Explanation
- Losses
- Damage Extent
- Dwelling
- Home Insurance
- Expenses
- Emergency Needs

Please provide the following information about the damaged dwelling.

\* Where are you currently living or staying?

\* What type of home are you registering?

\* Is this your primary residence, where you live more than six months out of the year?

\* Are you currently able to get to your home?

☒ Yes, I am able to get to my home.

☐ I am unable to return to my home due to a mandatory evacuation.

☐ I am unable to return to my home because damages to the roads or bridges in the area prevent it.

Back

Save or Exit

Next

Version: 9.15.00.00.1339 | Server: DAC-TDL12C-PUBLIC

Moving & Storage is a new catergory

**Proposed Language:**

**Home Accessibility**

**Are you safely able to get to your home or leave if you need to?**

- Yes, I am able to both get to and leave my home. [Radio button]
- No, I can't, because of flooding or damage to public roads, bridges, or docks. [Radio button]
- No, I can't, because of damage to a privately-owned road, bridge, or dock. [Radio button]
- No, I can't, because my medical or accessibility features are damaged. (Such as a ramp, elevator, etc.) [Radio button]
- No, I can't, due to mandatory evacuation. [Radio button]

**Where are you currently staying?** [Drop-down menu]

My Home  
Family or Friends  
Hotel or Motel  
Mass Shelter  
Church or House of Worship  
Homeless  
FEMA-provided Unit  
New Permanent Rental  
New Temporary Rental  
Place of Employment  
Bought a New Home  
RV or Camper  
Second Home  
My Vehicle  
Tent

If your housing situation changes, sign in to your account or contact FEMA to update your application.

**You said you have temporary lodging expenses. Do you get assistance with temporary lodging expenses from any other source?** This may include homeowners insurance, voluntary organizations, etc.

Yes   No   I don't know   [radio buttons]

[radio buttons]

My Home  
Family/Friends  
Hotel/Motel  
Mass Shelter  
Church/House of Worship  
Homeless  
FEMA-provided Unit  
New Permanent Rental  
New Temporary Rental  
Purchased New Home  
Place of Employment  
RV or Camper  
Second Residence  
My Vehicle  
Tent

Are you currently able to get to your home?

Yes, I am able to get to my home [Radio Button]

Critical Needs

Do you need money to help with any of the following critical needs?

Check all that apply.

- ☐ Costs to get to a shelter or other place because my home is unsafe
- ☐ Infant formula, diapers, personal hygiene items, or gas
- ☐ Water, food, medication, or durable medical equipment
- ☐ I don't have any critical needs

DisasterAssistance.gov

Contact Us

IntroductionIdentificationDisaster**Losses**

Emergency Needs

Help for this page

Application Progress

OMB No. 1660-0002, Exp. 08-31-2022

**Losses**

• Explanation

• Losses

• Damage Extent

• Dwelling

• Home Insurance

• Expenses

• Other Insurance

• **Emergency Needs**

Do you have any immediate needs for evacuation expenses such as clothing, medication, gas, etc?

If yes, please indicate which needs you have below. Please note: **Reimbursement for stored food is *not* an eligible item.**

Emergency Needs

☐ I have a disaster related emergency need for food, medication, durable medical equipment or gas.

☐ I have a disaster related emergency need for shelter.

☐ I have a disaster related emergency need for clothing.

Back

Save or Exit

Next

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Language Changes

| Proposed Language:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Current Language: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <p><b>Critical Needs</b></p> <p><b>Do you need money to help with any of the following critical needs?</b></p> <p>Check all that apply.</p> <p>[Checkboxes]</p> <p><input type="checkbox"/> Costs to get to a shelter or other place, because my home is unsafe</p> <p><input type="checkbox"/> Infant formula, diapers, personal hygiene items, or gas</p> <p><input type="checkbox"/> Water, food, medication, or durable medical equipment</p> <p><input type="checkbox"/> I don't have any critical needs.</p> |                   |

## Essential Utilities

**Did the disaster cause your utilities to be out for 3 or more days?**

☐ Yes    ☐ No    ☐ I don't know

### Are your utilities out now?

☐ Yes    ☐ No    ☐ I don't know

Essential Utilities

Help for this page

Application Progress

100%  
CWA# No. 1000-0000 Exp. 10-31-2023

\* Have your essential utilities been out for 3 days or more due to the disaster?

☐ Yes ☐ No

\* Are your essential utilities currently out due to the disaster?

☐ Yes ☐ No ☐ Unknown

\* Are your essential utilities privately owned (i.e., well or septic) or publicly owned?

☐ Private ☐ Public ☐ Unknown

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Save or Exit

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**Proposed language:**

**Essential Utilities**

**Did the disaster cause your utilities to be out for 3 or more days?**

Yes      No      I don't know [Radio Buttons]

**Are your utilities out now?**

Yes      No      I don't know [Radio Buttons]

**Current language:**

**Essential Utilities**

**Have your essential utilities been out for 3 days or more due to the disaster?**

( Yes or No radio button)

**Are your essential utilities currently out due to the disaster?**

(Yes, No, Or Unknown Radio Button)

**Are your essential utilities privately owned (I.e., well or septic) or publicly owned?**

(Private, Public, Unknown Radio Button)

## Home Insurance

Now we need to know the type insurance you have.

Check **all** that apply.

**Note:** You may give us the insurance company name later if you don't have it right now.

- ☐ Homeowner's Insurance
- ☐ Homeowners Insurance with a Sewer Backup Rider
- ☐ Renter's Insurance
- ☐ Flood Insurance
- ☐ Condo or Townhouse Unit Insurance
- ☐ Condo or Townhouse Unit Insurance with an Earthquake Rider
- ☐ Mobile Home Insurance
- ☐ Contents Only Insurance
- ☐ Earthquake Contents Insurance
- ☐ Earthquake Structure Insurance
- ☐ I don't have home or personal property insurance

You said you own your home, but now say you don't have insurance. If you have a mortgage, it's likely you also have insurance. If you're **certain** you don't have insurance, you must check the box below to confirm.

Please review your answers and change them if you need to.

- ☐ \* I confirm that I do not have **any** of the following insurance on my home or personal property: contents only insurance, flood insurance, homeowners insurance, homeowners insurance with a sewer backup rider, mobile home insurance, or personal property insurance

**Home Insurance**

Help for this page ⓘ

Application Progress  
● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●  
Credit No. 1008-0002 Exp. 03-31-2022

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\* What type of insurance do you currently have for your Home and/or Personal Property?

| Select                              | Type of Insurance                                          | Insurance Company Name |
|-------------------------------------|------------------------------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | Condo or Townhouse Unit Insurance                          | <input type="text"/>   |
| <input checked="" type="checkbox"/> | Contents Only Insurance                                    | <input type="text"/>   |
| <input checked="" type="checkbox"/> | Flood Insurance                                            | <input type="text"/>   |
| <input checked="" type="checkbox"/> | Homeowners Insurance                                       | <input type="text"/>   |
| <input checked="" type="checkbox"/> | Homeowners Insurance with Sewer Backup Rider               | <input type="text"/>   |
| <input checked="" type="checkbox"/> | Mobile Home Insurance                                      | <input type="text"/>   |
| <input checked="" type="checkbox"/> | Condo or Townhouse Unit Insurance with an Earthquake Rider | <input type="text"/>   |
| <input checked="" type="checkbox"/> | Contents Only Insurance with an Earthquake Rider           | <input type="text"/>   |
| <input checked="" type="checkbox"/> | Earthquake Contents Insurance                              | <input type="text"/>   |
| <input checked="" type="checkbox"/> | Earthquake Structure Insurance                             | <input type="text"/>   |
| <input checked="" type="checkbox"/> | I have no insurance for my home or personal property       |                        |

---

**Errors:**

- Previously you told us that you owned your home but now you are indicating that you have no homeowners insurance. Since most home owners have a mortgage, this seems unlikely. Please review your answers and modify it if applicable. If you are certain that you do not have insurance you must check the box immediately below to affirm that fact.

☐ Under penalty of perjury, I affirm that I do not have any of the following insurance on my home or personal property: Contents Only Insurance, Flood Insurance, Homeowners Insurance, Homeowners Insurance with a Sewer Backup Rider, Mobile Home Insurance, or Personal Property Insurance.

**Proposed language:**

# Home Insurance

**Now we need to know the type of insurance you have.**

Check **all** that apply.

**Note:** *You may give us the insurance company name later if you don't have it right now.*

[Checkboxes]

- ☐ Homeowner's Insurance
- ☐ Homeowners Insurance with a Sewer Backup Rider
- ☐ Renter's Insurance
- ☐ Flood Insurance
- ☐ Condo or Townhouse Unit Insurance
- ☐ Condo or Townhouse Unit Insurance with an Earthquake Rider
- ☐ Mobile Home Insurance
- ☐ Contents Only Insurance
- ☐ Earthquake Contents Insurance
- ☐ Earthquake Structure Insurance
- ☐ I don't have home or personal property insurance

*[Warning text appears if user has previously said they own the home, and, on this screen selects "I don't have home or personal property"]*

You said you own your home, but now say you don't have insurance. If you have a mortgage, it's likely you also have insurance. If you're **certain** you don't have insurance, you must check the box below to confirm.

Please review your answers and change them if you need to.

**Current language:**

\*What type of insurance do you currently have for your Home and/or Personal Property?

- ☐ Contents Only Insurance
- ☐ Flood Insurance
- ☐ Homeowners Insurance
- ☐ Mobile Home Insurance
- ☐ I have no insurance for my home or personal property.

**Previously you told us that you owned your home but now you are indicating that you have no homeowners insurance. Since most home owners have a mortgage, this seems unlikely. Please review your answers and modify it if applicable. If you are certain that you do not have insurance, you must check the box immediately below to affirm that fact**

- ☐ Under penalty of perjury, I affirm that I do not have any of the following insurance on my home or personal property: Contents Only Insurance, Flood Insurance, Homeowners Insurance, Homeowners Insurance with a Sewer Backup Rider, Mobile Home Insurance, or Personal Property Insurance.

Occupants

- We need to know about everyone living in your home **at the time of the disaster**. We use your occupant information to identify and process the assistance you need, so it must be as accurate as possible.
- Include the names of everyone who considers this to be their main home, even if they submitted a separate application. This may include boarders, children, landlords, students, roommates etc.
  - Include full-time students who consider this to be their main home, even if they live at school.
  - DO NOT include anyone who was just visiting at the time and lives elsewhere.

Click **Add Occupant** below to add each person separately.

APPLICANT

Frank A. Green

Relationship: Applicant

Social Security Number: xxx-xx-3345

Age: 72

CO-APPLICANT

Lucy Green

Relationship: Immediate Family

Social Security Number: xxx-xx-4455

Age: 68

EditDelete

Add Occupant



Funeral or Reburial Expenses

For funeral or reburial expenses, please provide information for each deceased person.

Click **Add Deceased Person** below to add each person separately.

Add Deceased Person



Add Household Occupant

First name

Mi (Optional)

Last Name

Relationship to Applicant

Select

Age

Age

Select

Boarder

Co-Applicant

Friend/Relative

Immediate Family

Landlord

Other

Close

Save

Occupants Information

Application Progress

Next, we need to know all the people living in your home at the time of the disaster. Only one person per household can apply for disaster assistance. It is important this information is as accurate as possible. Be sure to:

- Include the names of all persons who considered the home to be their primary residence at the time of the disaster.
- This can include but is not limited to: boarders/landlords, children, students, etc. residing in the same residence.
- Include full-time students who consider the damaged home to be their primary residence, even if they are staying at school.
- DO NOT include persons who were visiting at the time of the disaster and have a primary residence elsewhere.

Occupants

Help for this page

Please list all the people living in your home at the time of the disaster. If you are unsure who to list as an occupant, please click the **Help for this page** for more information.

The occupant information is used to identify and process the type(s) of assistance you need. It is important this information is as accurate as possible.

Each person will have to be added separately using the "Add" button below.

Add

| Edit | Last Name | First Name | Mi | Relationship | Social Security Number | Age | Delete |
|------|-----------|------------|----|--------------|------------------------|-----|--------|
|      | SMITH     | JOAN       | A  | Registrant   | XXX-XX-5225            | 31  |        |

Back

Save or Exit

Next

Update Occupant

Help for this page

Enter household occupant information below. **NOTE:** ONLY the co-applicant's Social Security Number (SSN) is required. Please do not add Social Security Numbers (SSNs) for any other occupants.

What is this person's last name?

What is this person's first name?

What is this person's middle initial?

What is the relationship you have with this person?

What is this person's age?

Cancel

Save or Exit

Save

Proposed language:

Occupants

We need to know about everyone living in your home **at the time of the disaster**. We use your occupant information to identify and process the assistance you need, so it must be as accurate as possible.

- Include the names of everyone who considers this to be their main home, even if they submitted a separate application. This may include boarders, children, landlords, students, roommates, etc.
- Include full-time students who consider this to be their main home, even if they live at school.
- DO NOT include anyone who was just visiting at the time and lives elsewhere.

Click **Add Occupant** below to add each person separately.

Add Occupant

First Name:

MI (Optional):

Last Name:

Relationship to Applicant (drop-down):

Boarder, Co-applicant, Friend or Relative, Immediate Family, Landlord, Other

Age:

*[If Funeral expenses are also selected, user will see additional screen for adding deceased person information]*

For funeral or reburial expenses, please provide information for each deceased person.

Click **Add Deceased Person** below to add each person separately.

Add Deceased Person [Button]

Current language:

Occupants Information

You can only submit one application per household, but now we need to know about everyone living in your home **at the time of the disaster**. We use your occupant information to identify and process the assistance you need, so it must be as accurate as possible.

Include a co-applicant *only* if you want to allow them to have full access to your application, just like you have. A co-applicant is able to request status and update information on the application.

Include the names of everyone who considers this to be their primary home. This may include: boarders, children, landlords, students, etc.

- Include full-time students who consider this to be their primary home, even if they live at school.
- DO NOT Include anyone who was just visiting at the time and lives elsewhere.
- If you're not sure who to list, please click **Help for this page** for more details.
- You must click **Add** below to add each person separately. **Note:** You *must* enter a Social Security number (SSN) only for the co-applicant. Do not add SSNs for anyone else.

If you need to make any changes, just click **Edit** next to the name you need to update.

If you need to remove someone from this list, just click **Delete** on the line with their name.

Add Edit

**Last Name – First Name – MI – Relationship – Social Security Number – Age –** This will need to change to whatever the new “help” link will be.

Occupants

Please list all the people living in your home at the time of the disaster. If you are unsure who to list as an occupant, please click the Help for this page for more information.

The occupant information is used to identify and process the type(s) of assistance you need. It is important this information is as accurate as possible.

Each person will have to be added separately using the “Add” button below.

Add

Edit. Last Name. First Nam. MI. Relationship. Social Security Number. Age. Delete

Update Occupant

Enter household occupant information below. **NOTE:** ONLY the co-applicant’s Social Security Number (SSN) I required. Please do not add social Security Numbers (SNNs) for any other occupants.

**What is this person’s last name?**

**What is this person’s first name?**

**What is this person’s middle initial?**

**What is the relationship you have with this person?** (drop-down):

Boarder, Co-Applicant, Friend/Relative, Immediate Family, Landlord, Other

**What I this person’s age?**

Disability Needs

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 this definition applies to you or someone in your household , select **Yes**. If yes, select all disabilities that apply or select **Prefer Not to Answer**.

Do you or anyone in your household have a disability?

This includes any condition that affects your ability to perform activities of daily living or requires an assistive device.

☒ Yes    ☐ No

Did the disaster damage, disrupt, or cause you loss of any assistive devices or medically required equipment, supplies, or support services?

☒ Yes    ☐ No

Check all that apply.

- ☐ Cognitive or Developmental Disabilities
- ☐ Hearing or Speech
- ☐ Independent Living
- ☐ Mental Health
- ☐ Mobility
- ☐ Self-Care
- ☐ Vision
- ☐ Other

☐ Prefer Not to Answer

Check all that apply.

- ☐ Adaptive van or vehicle
- ☐ Assistive technology device for hearing or vision, such as hearing aid, screen enlarging software, etc.
- ☐ Dialysis
- ☐ Environmental control or alerting devices
- ☐ Medical equipment that depends on electricity
- ☐ Medication or medical supplies including adult briefs and catheters
- ☐ Oxygen or respiratory equipment
- ☐ Personal assistance services or in-home care
- ☐ Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair
- ☐ Power or manual wheelchair
- ☐ Prosthesis
- ☐ Scooter
- ☐ Service animal
- ☐ Walker, cane, or crutches
- ☐ Other

\* 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.)

Yes

\* Please select from the following the disability that affects your ability to perform activities of daily living (select all that apply):

- ☐ Mobility
- ☐ Cognitive/Developmental Disabilities/Mental Health
- ☐ Hearing or Speech
- ☐ Vision
- ☐ Self-Care
- ☐ Independent Living
- ☐ Other
- ☐ Prefer Not to Answer

\* Did you have any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster?

Yes

\* What was damaged, destroyed, lost, or disrupted because of the disaster? (select all that apply)

- ☐ Power or manual wheelchair
- ☐ Scooter
- ☐ Prosthesis
- ☐ Oxygen or respiratory equipment
- ☐ Medical equipment that depends on electricity
- ☐ Assistive technology device for hearing or vision, such as hearing aid, screen enlarging software, etc.
- ☐ Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair
- ☐ Environmental control or alerting devices
- ☐ Adaptive van or vehicle
- ☐ Walker, cane, or crutches
- ☐ Medication or medical supplies including adult diapers and catheters
- ☐ Service animal
- ☐ Personal assistance services/in-home care
- ☐ Dialysis
- ☐ Other

Back

Exit Registration

Next

**Proposed language:**

**Disability Needs**

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 this definition applies to you or someone in your household , select **Yes**. If yes, select all disabilities that apply or select **Prefer Not to Answer**.

**Do you or anyone in your household have a disability?**

This includes any condition that affects your ability to perform activities of daily living or requires an assistive device.

Yes No [Radio Buttons]

Check **all** that apply.

Mobility Cognitive or Developmental Disabilities Mental Health Hearing or Speech  
Vision Self-care Independent Living Other Prefer Not to Answer

**Did the disaster damage, disrupt, or cause you loss of any assistive devices or medically required equipment, supplies, or support services?**

Yes No [Radio Buttons]

Check **all** that apply.

Power or manual wheelchair Scooter Prosthesis Oxygen or respiratory equipment  
Medical equipment that depends on electricity Assistive technology device for hearing  
or vision, such as hearing aid, screen enlarging software, etc. Personal-care devices such  
as shower bench, bedside commode, Hoyer lift, or lift chair Environmental control or  
alerting devices Adaptive van or vehicle Walker, cane, or crutches Medication or  
medical supplies including adult briefs and catheters Service animal Personal  
assistance services or in-home care Dialysis Other

**Disability Needs**

**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.)  
(drop-down Yes/No) \_

**Please select from the following the disability that affects your ability to perform activities of daily living** (select all that apply).  
Mobility , Cognitive/Developmental Disabilities, Mental Health, Hearing or Speech, Vision, Self-Care, Independent Living, Other (fill in), Prefer Not to Answer

**Did you have any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster?**  
(drop-down Yes/No) \_

- **What was damaged, destroyed, lost, or disrupted because of the disaster?** (select all that apply)  
Power or manual wheelchair, Scooter, Prothesis, Oxygen or respiratory equipment, Medical equipment that depends on electricity, Assistive technology device for hearing or vision, such as hearing aid, screen enlarging software, etc. , Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair , Environmental control or alerting devices, Adaptive van or vehicle , Walker, cane, or crutches, Medication or medical supplies including adult briefs and catheters, Service animal , Personal assistance services/in-home care, Dialysis, Other

Vehicle Damage

How many total vehicles does your household have?  
This should include only vehicles that were drivable before the disaster.

After the disaster, how many of those household vehicles are drivable?

Please provide a full list of ALL vehicles owned by you and everyone in your household that were drivable before the disaster.  
You must add each vehicle separately.

VEHICLE 1

2007 Toyota Tacoma

Damaged: No

Status: Drivable

Edit Delete

VEHICLE 2

2022 Harley Davidson

Damaged: Yes

Status: Not Drivable

Edit Delete

Add Vehicle

Add Vehicle

Year

Make

Model

Was it damaged by the disaster?

☐ Yes ☐ No

Is it drivable?

☐ Yes ☐ No

Is it registered?

☐ Yes ☐ No

Is it covered by comprehensive (fully-coverage) insurance?

☐ Yes ☐ No

Is it covered by liability insurance?

☐ Yes ☐ No

Does it have any accessibility related features?

*These may include wheelchair lifts and ramps, pedal or seatbelt extenders, hand-control and steering devices, etc.*

☐ Yes ☐ No

Close Save

\* How many vehicles does your household own that were drivable before the disaster?

1 2 3+

\* Did any of the damaged vehicles have disability related accessibility features (i.e., wheelchair lifts and ramps, pedal or seat belt extenders, hand control and steering devices, etc.)?

☐ Yes ☐ No

Please provide a list of all vehicles owned by you or anyone in your household.

| Edit                       | Year | Make | Model | Damaged | Drivable | Comprehensive Insurance | Liability Insurance | Registered | Delete |
|----------------------------|------|------|-------|---------|----------|-------------------------|---------------------|------------|--------|
| No data available in table |      |      |       |         |          |                         |                     |            |        |

Enter information about each vehicle in the household separately.

\* Year

\* Make

\* Model

\* Was this vehicle damaged by the disaster? ☐ Yes ☒ No

\* Is this vehicle currently drivable? ☐ No ☒ Yes

\* Is this vehicle covered by comprehensive (full coverage) insurance? ☐ No ☒ Yes

What is the insurance company name?

\* Is this vehicle covered by liability insurance? ☐ No ☒ Yes

What is the insurance company name?

\* Is this vehicle currently registered? ☐ No ☒ Yes

Proposed language:

Vehicle Damage

How many total vehicles does your household have?

This should include only vehicles that were drivable before the disaster. [Number Field]

After the disaster, how many of those vehicles are drivable? [Number Field]

Please provide a full list of **ALL** vehicles owned by you and everyone in your household that were drivable before the disaster.

You must add each vehicle separately.

Add Vehicle

- **Year** [Text Field]
- **Make** [Text Field]
- **Model** [Text Field]
- **Was it damaged by disaster?** [Radio Button] Yes/No
- **Is it drivable?** [Radio Button] Yes/No
- **Is it registered?** [Radio Button] Yes/No
- **Is it covered by comprehensive (full coverage) insurance?** [Radio Button] Yes/No
  - (if Yes) Insurance Company Name (Optional)
- **Is it covered by liability insurance?** [Radio Button] Yes/No
  - (if Yes) Insurance Company Name (Optional)
- **Does it have any accessibility related features?**  
These may include wheelchair lifts and ramps, pedal or seatbelt extenders, hand-control and steering devices, etc. [Radio Button] Yes/No

Current language:

Damaged Vehicle(s)

How many vehicles does your household own that were drivable before the disaster?

- 1
- 2
- 3+

Did any of the damaged vehicles have disability related accessibility features (i.e., wheelchair lifts and ramps, pedal or seat belt extenders, hand control and steering devices, etc.)?

☐ Yes ☐ No

Vehicle

Please provide a full list of all vehicles owned by you or anyone in your household.

|            |            |      |        |         |          |                         |           |  |  |
|------------|------------|------|--------|---------|----------|-------------------------|-----------|--|--|
| Add Button |            |      |        |         |          |                         |           |  |  |
| Edit       | Year       | Make | Model  | Damaged | Drivable | Comprehensive Insurance | Liability |  |  |
| Insurance  | Registered |      | Delete |         |          |                         |           |  |  |

Update Vehicle

Enter information about each vehicle in the household separately.

Year

Make

Model

Was this vehicle damaged by the disaster? (Yes No)

Is this vehicle currently drivable? (Yes No)

Is this vehicle covered by comprehensive (full coverage) insurance? (yes No)

What is the insurance company name?

Is this vehicle covered by liability insurance? (Yes No)

Is this vehicle currently registered? (Yes No)

## Confirm Your Needs

Before you complete the application, do you have any other disaster losses you need assistance with?

Check all that apply

- ☐ Personal property damage (Example: furniture, electronic equipment, etc.)
- ☐ Lodging expenses (Example: hotel, motel, etc.)
- ☐ Medical or dental expenses
- ☐ Funeral or reburial expenses
- ☐ New or additional childcare costs
- ☐ I don't need additional assistance right now (You may call the FEMA Helpline to update your application later if you find other needs)

*This screen will only appear if the hasn't selected all the Needs*

Proposed language:

N/A

## Confirm Your Needs

**Before you complete your application, do you have any other disaster losses you need assistance with?**

Check all that apply. [checkboxes]

- ☐ Personal property damage (Example: furniture, electronic equipment, etc.)
- ☐ Lodging expenses (Example: hotel, motel, etc.)
- ☐ Medical or dental expenses
- ☐ Funeral or reburial expenses
- ☐ New or additional child care costs
- ☐ I don't need any other assistance right now. (You may call the FEMA Helpline to update your application later if you find other needs.)

*This screen will only appear if the hasn't selected all the Needs*

Income Information

Your household annual gross income is the combined amount of all income before any deductions. This includes wages, unemployment payments, Social Security, assistance from other government agencies (except Supplemental Nutrition Assistance Program [SNAP] benefits), child support, stocks, interest, annuities, etc.

Please give us your household's pre-disaster annual gross income. This reduces processing time and directs your application to the best programs to meet your needs.

What is your household's pre-disaster annual gross income?

Enter numbers only. No dollar signs, no commas, no decimal point or cents.

Example: Enter income as "55000" NOT "55,000.00"

Is your household's main source of income from self-employment?

☐ Yes ☐ No

How many dependents do you have, including yourself?

Financial Information

This next section is about your household income and business information before the disaster.

Income

Your household annual gross income is the amount before any deductions are subtracted.

- This includes wages, unemployment payments, social security, welfare, child support, stocks, interest, annuities, etc.

Please provide your household annual gross income at the time of the disaster, and your choice for electronic funds transfer. Providing us with your pre-disaster annual gross income, reduces the processing time and directs your application to the programs best suited to meet your needs.

\* How many dependents do you have including yourself?

\*

Before taxes are deducted, what is your family's pre-disaster income?

Enter numbers only, no dollar sign, no commas, and no decimal point or cents. Example: Enter income as "55000" NOT "55,000.00."

\* If you are found eligible for FEMA assistance, would you like funds directly deposited into your bank account?

There is no charge for this service.

**Proposed language:**

**Income Information**

Your household annual gross income is the combined amount of all income before any deductions. This includes wages, unemployment payments, Social Security, assistance from other government agencies (except Supplemental Nutrition Assistance Program [SNAP] benefits), child support, stocks, interest, annuities, etc.

Please give us your household's pre-disaster annual gross income. This reduces processing time and directs your application to the best programs to meet your needs.

**What is your household's pre-disaster annual gross income?**

**Enter numbers only.** No dollar signs, no commas, no decimal point or cents.

**Example:** Enter income as "55000" NOT "55,000.00"  
[Text Field]

**Is your household's main source of income from self-employment?**

Yes      No [Radio Button]

**How many dependents do you have, including yourself?**

[Text Field]

**Current language:**

**Financial Information**

**This next section is about your household income and business information before the disaster.**

**Income**

Your household annual gross income is the amount before any deductions are subtracted.

- This includes wages, unemployment payments, social security, welfare, child support, stocks, interest, annuities, etc.

**Please provide your household annual gross income at the time of the disaster, and your choice for electronic funds transfer. Providing us with your pre-disaster annual gross income, reduces the processing time and directs your application to the programs best suited to meet your needs.**

**How many dependents do you have including yourself?**

[Textbox]

**Before Taxes are deducted, what is your family's pre-disaster income?**

Enter numbers only, no dollar signs, no commas, no decimal point or cents.

Example: Enter income as "55000" NOT "55,000.00"

[Textbox]

**If you are found eligible for FEMA assistance, would you like funds directly deposited into your bank account?**

**There is no charge for this service**

**Yes/No**

# Bank Information

- If you qualify for assistance, you can choose to have us transfer money directly to your account.
- You need to enter your account information, including routing number, for FEMA to deposit money into your account. If you don't have this information now, you can provide it later. This is the fastest and most reliable way to receive FEMA assistance.

If you prefer to receive money by check, you can choose to have us send a check by mail.

**Note:** *If you request direct deposit to an account other than checking or savings – for example, a pre-paid card – your payment may be delayed.*

## If you qualify for FEMA assistance, how would you like to get your money?

There is no fee for direct deposit.

- ☐ Direct Deposit or other direct payment options
- ☐ Check in the mail

Direct Deposit

Help for this page

Application Progress

100% Done

OMB No. 1560-0002, Exp. 10-31-16

Direct Deposit

If you are eligible for assistance, you can choose to have the funds transferred directly to your bank account.

- You will need to provide your bank account information, including routing numbers to complete the direct transfer.

Or, you can receive a check in the mail.

- You will not need to include your bank information.

NOTE: If you request the funds be transferred to an account other than checking or savings – for example a pre-paid card – your payment may be delayed.

\* If you are found eligible for FEMA assistance, would you like funds directly deposited into your bank account?

There is no charge for this service.

☒

Electronic Funds Transfer

Help for this page

Financial

- Business Damages
- Financial Information
- EFT
- Income Verification

You have chosen to participate in direct deposit.

- The name on the identified checking or saving accounts must match the applicant or co-applicant.
- You must have a valid routing number and account number. FEMA cannot deposit funds to a pre-paid card.

Bank & Account Information

Routing Number Account Number

\* What is the name of your bank or financial institution?

\* What type of account is this?

\* What is the 9-digit routing number for this account?

\* What is the account number?

\* Please repeat the account number.

### Proposed language:

If you qualify for assistance, you can choose to have us transfer money directly to your account.

- You need to enter your account information, including routing number, for FEMA to deposit money into your account. If you don't have this information now, you can provide it later. This is the fastest and most reliable way to receive FEMA assistance.

If you prefer to receive money by check, you can choose to have us send a check by mail.

**Note:** *If you request direct deposit to an account other than checking or savings – for example, a pre-paid card – your payment may be delayed.*

#### **If you qualify for FEMA assistance, how do you want to get your money?**

There is no fee for direct deposit.

Direct Deposit or other direct payment options    Check in the mail. [Radio Buttons]

**Name of your bank or financial institution** [Text Field]

**Type of Account**[Radio Button]

Checking   Savings   Other

**9-digit Routing Number** [Text Field]

**Account Number**[Text Field]

**Verify Account Number:** [Text Field]

### Current language:

If you are eligible for assistance, you can choose to have the funds transferred directly to your bank account.

- You will need to provide your bank account information, including routing numbers to complete the direct transfer.

Or, you can receive a check in the mail.

- You will not need to include your bank information.

*NOTE: If you request the funds be transferred to an account other than checking or savings – for example a pre-paid card – your payment may be delayed.*

\*If you are found eligible for FEMA assistance, would you like funds directly deposited into your bank account?

#### **There is no charge for this service.**

(Dropdown)

—

You have chosen to participate in direct deposit.

The name on the identified checking or saving accounts must match the applicant or co-applicant.

You must have a valid routing number and account number; FEMA cannot deposit funds to a pre-paid card.

\***What is the name of your bank or financial institution?** (Text Field)

\***What type of account is this? (Checking or Savings dropdown)** (Text Field)

\***What is the 9 digit routing number for this account?** (Text Field)

\***What s the account number?** (Text Field)

\***Please repeat the account number.** (Text Field)



**Proposed language:**

Choose how you want to get alerts and information from FEMA.

**Language**

English, Spanish [Drop-down]

**Delivery Method [Radio buttons]**

- Postal Mail
- Email/Online Account

(If user picks email)

**You chose to get notifications by email.**

This means you will not get any documents by postal mail. Email will alert you when you have new information in your account.

**Email Address Provided:** [Pre-Pop email]

**Would you also like to get text notifications? (radio buttons)**

Yes No

(If yes, the following appears)

**You chose to get text notifications.**

You will get a text message from **43362** to confirm your request.

**Phone Number Provided** [Pre-Pop Phone Number]

**Text Message Terms**

- FEMA texts *do not* replace postal mail or email.
- FEMA's text messaging number is 43362.
  - o **Note:** You may also get a text from a FEMA inspector to schedule an appointment.
- Standard text message rates apply.

\* **I accept the text messaging service terms.** [Checkbox]

**Current language:**

**Correspondence Preferences**

**How would you like to receive alerts from FEMA?**

[Drop-down] English, Spanish

**Do you prefer to receive traditional postal mail or electronic notification?** (radio buttons)

- Postal Mail
- E-mail

(If user picks email)

You have chosen to receive e-mail updates from FEMA. You will not receive any FEMA updates by postal mail. You must create a Disaster Assistance account to receive email updates. You will need to go to DisasterAssistance.gov to create an account. Please provide your E-mail address.

[Text box] Email Address

[Text box] Verify E-mail Address

**SMS Correspondence Summary**

**\*Would you like to receive additional updates using text messaging?** (Yes/no radio buttons)

If yes is selected, the following appears:

**You choose to receive text messages from FEMA. You will get a text message from 4FEMA (43362) to confirm your request.**

**Please verify the mobile phone number to be used:**

[Drop-down] \*Mobile Phone Number (Previous)

\*Mobile Phone Number:

\*Verify Mobile Phone Number:

- FEMA text messages do not replace postal mail or e-mail
- FEMA's text messaging number is 4FEMA (43362). Please note that you may also receive a text message from a FEMA inspector to schedule an appointment for your inspection.
- Standard text message rates apply.

**\*Do you agree to the terms of text messaging?** (radio buttons)

- Yes, I agree to the terms of text messaging and want to receive status notifications,
- No, I do not agree to the terms of text messaging, I understand I will not receive status notifications.

## Additional Needs

Do you have a disability or language need that may require help to communicate with FEMA staff or access our programs and services?

### What do you need?

Check **all** that apply.

- ☐ I don't have any other needs
- ☐ Assistive listening device
- ☐ Braille
- ☐ CART (Communication Access Real-time Translation) in person or remote
- ☐ Face-to-face assistance (reader or writer)
- ☐ Language other than English
- ☐ Large print
- ☐ Sign language interpreter
- ☐ Text messages to communicate
- ☐ Wheelchair access
- ☐ Other

Select a language

- Select a language
- Arabic

Haitian

Creole

Mandarin

Russian

Samoan

Spanish

Vietamese

Other

\* Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs?

Yes

\* What do you need? (please select all that apply)

- ☐ Sign language interpreter
- ☐ CART (Communication Access Real-time Translation) (in person or remote)
- ☐ Text messages to communicate
- ☐ Assistive listening device
- ☐ Braille
- ☐ Large print
- ☐ Face-to-face assistance (reader or writer)
- ☐ Wheelchair access
- ☐ Language other than English
- ☐ Other

Back

Exit Registration

Next

**Proposed language:**

Do you have a disability or language need that may require help to communicate with FEMA staff or access our programs and services?

**What do you need?**

Check all that apply.

- ☐ I don't have any other needs.
- ☐ Assistive listening device
- ☐ Braille
- ☐ CART (Communication Access Real-time Translation in person or remote)
- ☐ Face-to-face assistance (reader or writer)
- ☐ Language other than English [drop-down]  
(Select a language- Arabic/Haitian/Creole/Mandarin/Other/Russian/Samoan/Spanish/Vietnamese )
- ☐ Large print
- ☐ Sign language interpreter
- ☐ Text messages to communicate
- ☐ Wheelchair access
- ☐ Other [Text field]

**Current language:**

**\* Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs?** No / Yes

**What do you need? (please select all that apply)**

- Sign language interpreter
- CART (Communication Access Real-time Translation) (in person or remote)
- Text messages to communicate
- Assistive listening device
- Braille
- Large print
- Face-to-face assistance (reader or writer)
- Wheelchair access
- Language other than English Arabic/Haitian/ Creole/Mandarin/Other/Russian/Samoan/Spanish/Vietnamese
- Other

Demographics

We are collecting this information to analyze demographic data only. The answers you provide do not affect your ability to get assistance.

Are you willing to provide demographic data?

Yes No

Are you Hispanic or Latino? (This is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes No Prefer not to answer

What race(s) do you most identify with? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

- Select
- Female
- Male
- Another identity (e.g. transgender, nonbinary or gender variant)
- Prefer not to answer

What is your gender?

Select

Are you an enrolled member of a Tribal Nation?

Yes No Prefer not to answer

What is your highest level of education?

Select

What is your marital status?

Select

- Select
- Did not complete high school
- High school graduate/GED
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Prefer not to answer

- Select
- Divorced
- Married or living with partner
- Never married
- Separated
- Widowed
- Prefer not to answer

**AUTHORITY:** FEMA collects, uses, maintains, retrieves, analyzes, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Section 308 Nondiscrimination in Disaster Assistance, 42 U.S.C. 5151.

**PRINCIPAL PURPOSE(S):** This information is being collected for the purpose of analyzing demographic data to determine if any inequities exist in the distribution of disaster assistance and to assess changes to policies and procedures to better assist underserved communities if such inequities are found.

**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).

**VOLUNTARY RESPONSE:** Providing responses to the demographic questions is voluntary. There are no consequences for not providing the information. Failure to provide demographic data will not affect your potential eligibility for disaster assistance. Responses provided to the questions will not be used to decide the eligibility of your application.

Privacy Act Statement - Demographics

Application Progress

\*\*\*\*\*  
CMI No. 1985-0002, Exp. 06-31-2022

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Demographics  
Help for this page

Registration ID: 15-04

Registrant: MR TEST A, TESTING

\* Are you willing to provide demographic data?

Yes No

\* Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Yes No  
Prefer not to answer

\* Please select the racial category or categories that you most closely identify with. Select as many as apply

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Prefer not to answer

\* Is your gender...

Female  
Male  
Another identity (e.g. transgender, nonbinary, or gender variant)  
Prefer not to answer

\* Are you an enrolled member of a Tribal Nation?

Yes No  
Prefer not to answer

\* Which of the following best describes your highest level of formal education?

Did not complete high school  
High school graduate/GED  
Some college  
Associate degree  
Bachelor's degree  
Master's degree  
Doctoral degree  
Prefer not to answer

\* Is your marital status...

Divorced  
Married or living with partner  
Never married  
Separated  
Widowed  
Prefer not to answer

# Proposed language: Demographics

We are collecting this information to analyze demographic data only. The answers you provide do not affect your ability to get assistance.

Are you willing to provide demographic data?

Yes No [Radio Button]

Are you Hispanic or Latino?

This is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Yes No Prefer not to answer [Radio Button]

What race(s) do you most identify with?

Check all that apply. (Checkbox)

American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Prefer not to answer

What is your gender? (Drop-down)

Female, Male, Another Identity (e.g. transgender, non-binary, or gender variant), Prefer not to Answer

Are you an enrolled member of a Tribal Nation?

Yes No Prefer not to answer [Radio Button]

What is your highest level of education? (Drop-down)

Did not complete high school, High school graduate GED, Some college, Associate's Degree, Bachelor's Degree, Master's Degree, Doctoral Degree, Prefer not to answer

What is your marital status? (Drop-down)

Divorced, Married or living with partner, Never married, Separated, Widowed, Prefer not to answer

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**VOLUNTARY RESPONSE:** Providing responses to the demographic questions is voluntary. There are no consequences for not providing the information. Failure to provide demographic data will not affect your potential eligibility for disaster assistance. Responses provided to the questions will not be used to decide the eligibility of your application.

Current language:

Demographics

\* Are you willing to provide demographic data?

(Yes No Drop-down)

\*Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

(No, Prefer not to answer, Yes Drop-down)

\*Please select the racial category or categories that you most closely identify with. Select as many as apply.

- American Indian or Alaska Native

- Asian

- Black or African American

- Native Hawaiian or Other Pacific Islander

- White

- Prefer not to answer

\*Is your gender...

(Drop-down with Female, Male, Another Identity (e.g. transgender, non-binary, or gender variant, prefer not to answer)

\*Are you an enrolled member of a tribal nation?

(Yes, No, Prefer not to answer drop-down)

\*Which of the following best describes your highest level of formal education? (drop-down with Did not complete high school, High school graduate GED, Some college, Associate's Degree, Bachelor's Degree, Master's Degree, Doctoral Degree, Prefer not to answer)

\* Is your marital status... (drop-down with Divorced, Married or living with partner, Never married, Separated, Widowed, Prefer not to answer)

**AUTHORITY:** FEMA collects, uses, maintains, retrieves, analyzes, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Section 308 Nondiscrimination in Disaster Assistance, 42 U.S.C. 5151.

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**VOLUNTARY RESPONSE:** Providing responses to the demographic questions is voluntary. There are no consequences for not providing the information. Failure to provide demographic data will not affect your potential eligibility for disaster assistance

## Review Your Application

You are about to submit your application to FEMA. Please review all information very carefully. You will only be able to make limited changes after you submit your application.

If you need to make changes, click **Edit** and go to the page(s) you need. After you correct and save the information, you will return to this review.

Once everything is correct, click **Submit Application**

 By clicking "Submit", I certify that:

- The information I entered on my FEMA application is true and correct to the best of my knowledge.
- I **understand** that FEMA or the state, territory, or tribal authorities may require me to return some or all funds issued to me if any of the following statements are true:
  - I received funds from insurance or other sources for the same loss.
  - I did not use FEMA, state, territory, or tribal funds for its intended purpose.
  - I received the funds in error.

- I authorize FEMA to verify all information I entered on my application about my main home, income, identity, and dependents to determine eligibility for assistance.

- I authorize FEMA, state, territory, or tribal authorities to request my personal information from sources such as my insurance company or financial institution.

- **It is important that you understand your registration becomes a legal document.** FEMA may use external sources to verify the accuracy of the information you enter. If you intentionally hide information to get assistance, it's a violation of federal and state laws. This can carry severe criminal and civil penalties. Penalties may include a fine of up to \$250,000, imprisonment, or both (18 U.S.C § 287, 1001, and 3571).

It is important that your registration becomes a legal document. FEMA may use external sources to verify the accuracy of the information you enter. If you intentionally make false statements or hide information to get assistance, it's a violation of federal and state laws. This can carry severe criminal and civil penalties. Penalties may include a fine of up to \$250,000, imprisonment, or both (18 U.S.C § 287, 1001, and 3571).

[Back](#)

Save and Exit

[Submit Application](#)

## Review Registration

## Application Progress

OMB No. 1660-0002, Exp. 08-31-2022

You are about to submit your FEMA registration. Please carefully review the information below. Click Edit to make changes or click Submit to submit your registration to FEMA. You will only be able to make limited changes after you submit your registration.

By clicking Submit below I certify that:

- Only one application has been submitted for my household.

- All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.

- I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

**You must understand that** if you intentionally lie or hide any information in an attempt to obtain disaster assistance, it is a violation of federal and State laws, which carry severe fines and or imprisonment.

**You must understand that** if you received FEMA Assistance and have insurance that covers the same loss or receive other assistance for the same loss, you may be required to return some or all of the FEMA Assistance provided to you.

**You must authorize** FEMA to verify all information given by you about your primary residence, income, identity, and dependents in order to determine your eligibility for disaster assistance.

**You must authorize** FEMA and/or the State to request your personal information from entities such as your insurance company, or financial institution.

It is important to know that your registration becomes a legal document. FEMA may use external sources to verify the accuracy of the information you enter. If you intentionally make false statements or hide information to try to get assistance, it's a violation of federal and state laws. This can carry severe criminal and civil penalties. Penalties may include a fine of up to \$250,000, imprisonment, or both (18 U.S.C § 287, 1001, and 3571).

Edit

Submit

## Proposed language:

### Review Your Application

You are about to submit your application to FEMA. Please review all information very carefully. You will only be able to make limited changes after you submit your application.

If you need to make changes, click **Edit** and go to the page(s) you need. After you correct and save the information, you will return to this review.

Once everything is correct, click **Submit Application**.

**By clicking “Submit Application,” I certify that:**

- The information I entered on my FEMA application is true and correct to the best of my knowledge.

**I understand** that FEMA or the state, territory, or tribal authorities may require me to return some or all funds issued to me if any of the following statements are true:

- I received funds from insurance or other sources for the same loss.
- I did not use FEMA, state, territory, or tribal funds for its intended purpose.
- I

**I authorize FEMA** to verify all information I entered on my application about my main home, income, identity, and dependents to determine eligibility for assistance.

**I authorize FEMA, state, territory, or tribal authorities** to request my personal information from sources such as my insurance company or financial institution.

## Current language:

### Review Your Application

- I have only submitted one (1) application for my household.
- The information I entered on my FEMA application is true and correct to the best of my knowledge.
- 

**It is important that your registration becomes a legal document.** FEMA may use external sources to verify the accuracy of the information you enter. If you intentionally make false statements or hide information to get assistance, it's a violation of federal and state laws. This can carry severe criminal and civil penalties. Penalties may include a fine of up to \$250,000, imprisonment, or both (18 U.S.C § 287, 1001, and 3571).

## Success

 [Print a copy for your records](#)

### Your application is complete and you've submitted it to FEMA.

**Application ID: 13-0829386 – Disaster: 1594**



Please **SAVE** these numbers and keep them handy. You will need your application ID whenever you talk with FEMA. This helps avoid processing delays.

***Do not submit another application for the same disaster.***

To get more information, click **Next**.

FEMA will mail you a packet with information about program and agency referrals and a copy of your application.

You can check your status or make updates to your application anytime online.

If you don't have an account, FEMA will mail your status information. Or you may call the FEMA Helpline to get your status or update your application if your situation changes.

You can call 7 a.m. to 11 p.m. ET, 7 days a week:

- 1-800-621-3362
- If you use a video relay service, captioned phone, or other communication services, give FEMA the number for that service.

## Conclusion

Help for this page 

### Your registration has been submitted to FEMA.

Your FEMA Registration ID is # **13-0829386** in disaster # **1594**. Please make a note of these numbers.

Please be sure to have your FEMA registration ID available when contacted. Otherwise, there may be a delay in processing your case.

- You can view and print a copy of the registration for your records.
- Do not complete another registration this could delay processing.

Click **Continue** for more information about your FEMA registration.

Your registration is complete.

You may be able to create an online account from DisasterAssistance.gov to check the status of your registration. If you are not able to create an account, call the FEMA Helpline to get updates:

- 1-800-621-3362 (also for T11 & VRS)
- TTY 1-800-462-7585

[Continue](#)

## Proposed language:

### Success

**Your application is complete and you've submitted it to FEMA.**

Application ID: **13-0829386** – Disaster: **1594**

Please **SAVE** these numbers and keep them handy. You will need your application ID whenever you talk with FEMA. This helps avoid processing delays.

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- 1-800-621-3362

\*hyperlink print a copy for your records\*

## Current language:

### Conclusion

Your application has been submitted to FEMA.

Your FEMA Registration ID is #13-0829386 in disaster #1594. Please make a note of these numbers.

Please be sure to have FEMA registration ID available when contacted. Otherwise, there may be a delay in processing your case.

You can view and print a copy of the registration for your records.

Do not complete another registration this could delay processing.

Click Continue for more information about your FEMA registration. Your application is complete.

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