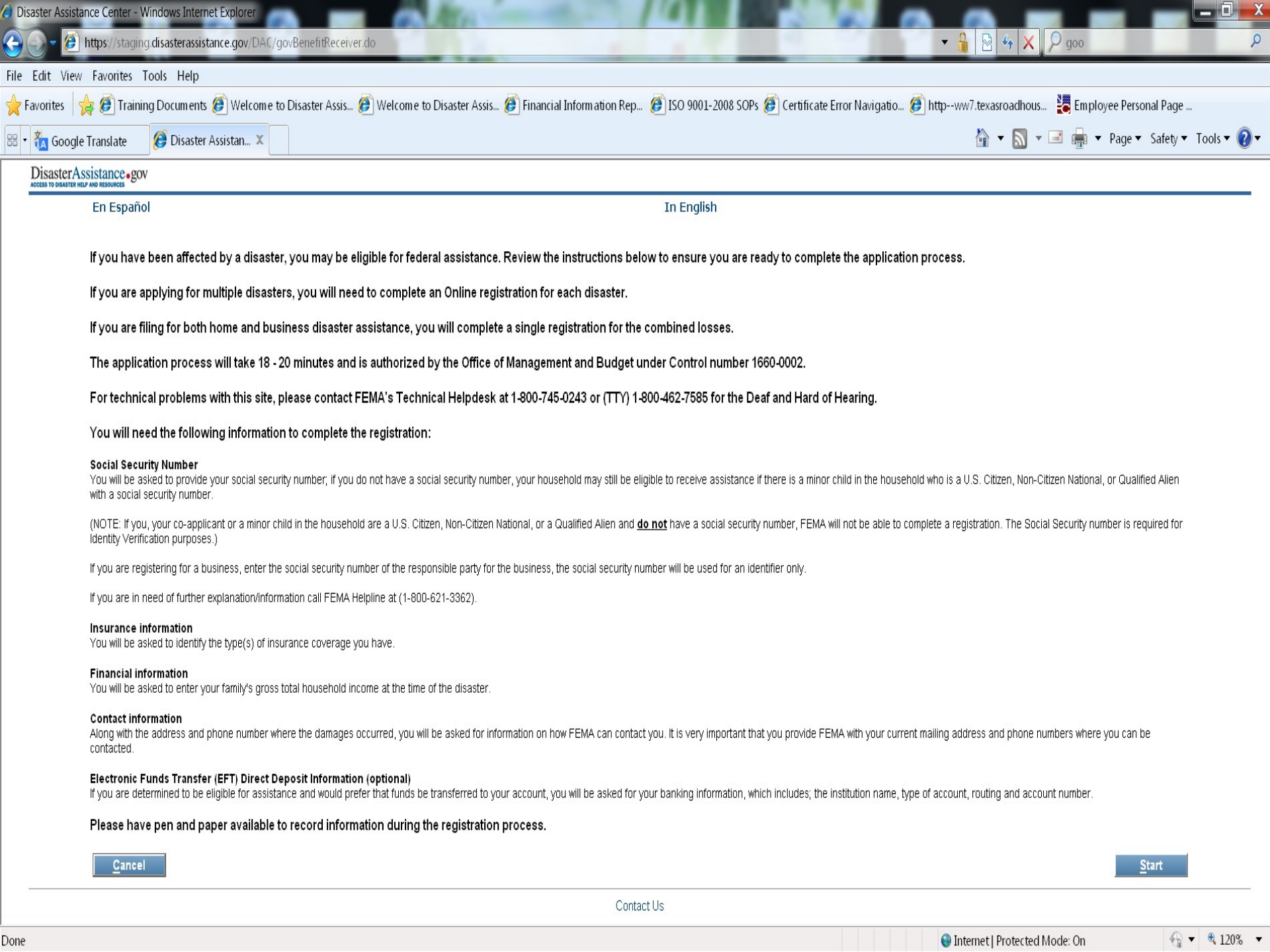




[En Español](#)

[In English](#)

If you have been affected by a disaster, you may be eligible for federal assistance. Review the instructions below to ensure you are ready to complete the application process.

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

If you are filing for both home and business disaster assistance, you will complete a single registration for the combined losses.

The application process will take 18 - 20 minutes and is authorized by the Office of Management and Budget under Control number 1660-0002.

For technical problems with this site, please contact FEMA's Technical Helpdesk at 1-800-745-0243 or (TTY) 1-800-462-7585 for the Deaf and Hard of Hearing.

You will need the following information to complete the registration:

Social Security Number

You will be asked to provide your social security number; if you do not have a social security number, your household may still be eligible to receive assistance if there is a minor child in the household who is a U.S. Citizen, Non-Citizen National, or Qualified Alien with a social security number.

(NOTE: If you, your co-applicant or a minor child in the household are a U.S. Citizen, Non-Citizen National, or a Qualified Alien and **do not** have a social security number, FEMA will not be able to complete a registration. The Social Security number is required for Identity Verification purposes.)

If you are registering for a business, enter the social security number of the responsible party for the business, the social security number will be used for an identifier only.

If you are in need of further explanation/information call FEMA Helpline at (1-800-621-3362).

Insurance information

You will be asked to identify the type(s) of insurance coverage you have.

Financial information

You will be asked to enter your family's gross total household income at the time of the disaster.

Contact information

Along with the address and phone number where the damages occurred, you will be asked for information on how FEMA can contact you. It is very important that you provide FEMA with your current mailing address and phone numbers where you can be contacted.

Electronic Funds Transfer (EFT) Direct Deposit Information (optional)

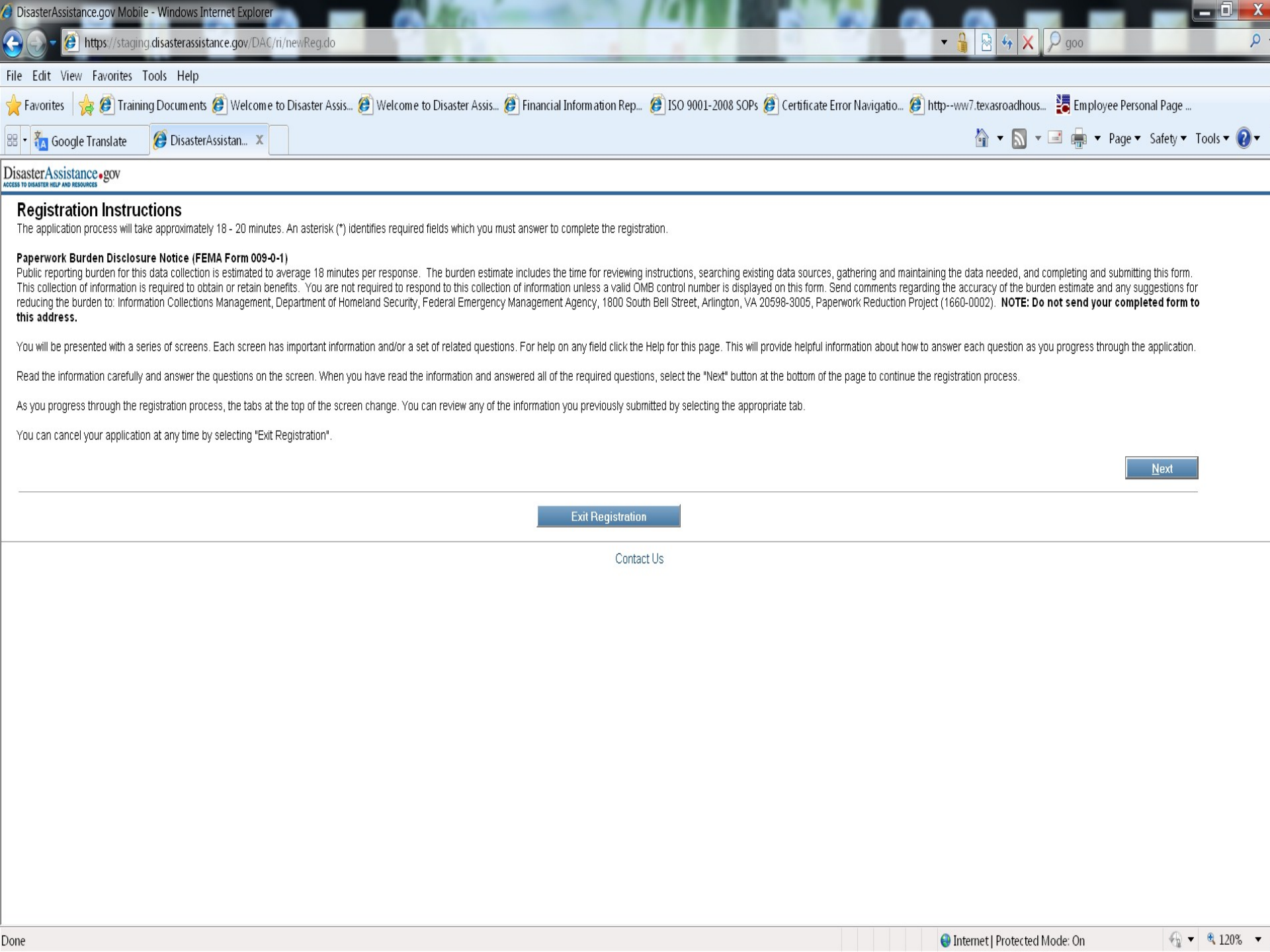
If you are determined to be eligible for assistance and would prefer that funds be transferred to your account, you will be asked for your banking information, which includes; the institution name, type of account, routing and account number.

Please have pen and paper available to record information during the registration process.

[Cancel](#)

[Start](#)

[Contact Us](#)



Registration Instructions

The application process will take approximately 18 - 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 18 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, 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, select 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 selecting "Exit Registration".

Next

Exit Registration

Contact Us

Privacy Act Statement Declaration of Eligibility

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

DISCLAIMER: 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 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.

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, 42 U.S.C. § 5121-5127 and Reorganization Plan No. 3 of 1971, 4 U.S.C. §§ 2094 and 2095, 4 U.S.C. § 2096 (a)(3)(C), the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 12958. (FAS asks for your SSN pursuant to the Data Collection Improvement Act of 2008, 5 U.S.C. § 552(a)(3) and § 552(a)(5)(A)).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed either FEMA or quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

DISCLOSURE: This information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552(a)(2) of the Privacy Act of 1974, as amended. This includes sharing this information with State, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other statute and published at 43 CFR 101-11.6 Disaster Recovery Assistance (Disaster System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, as is required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

I hereby declare, under penalty of perjury that:

- 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.

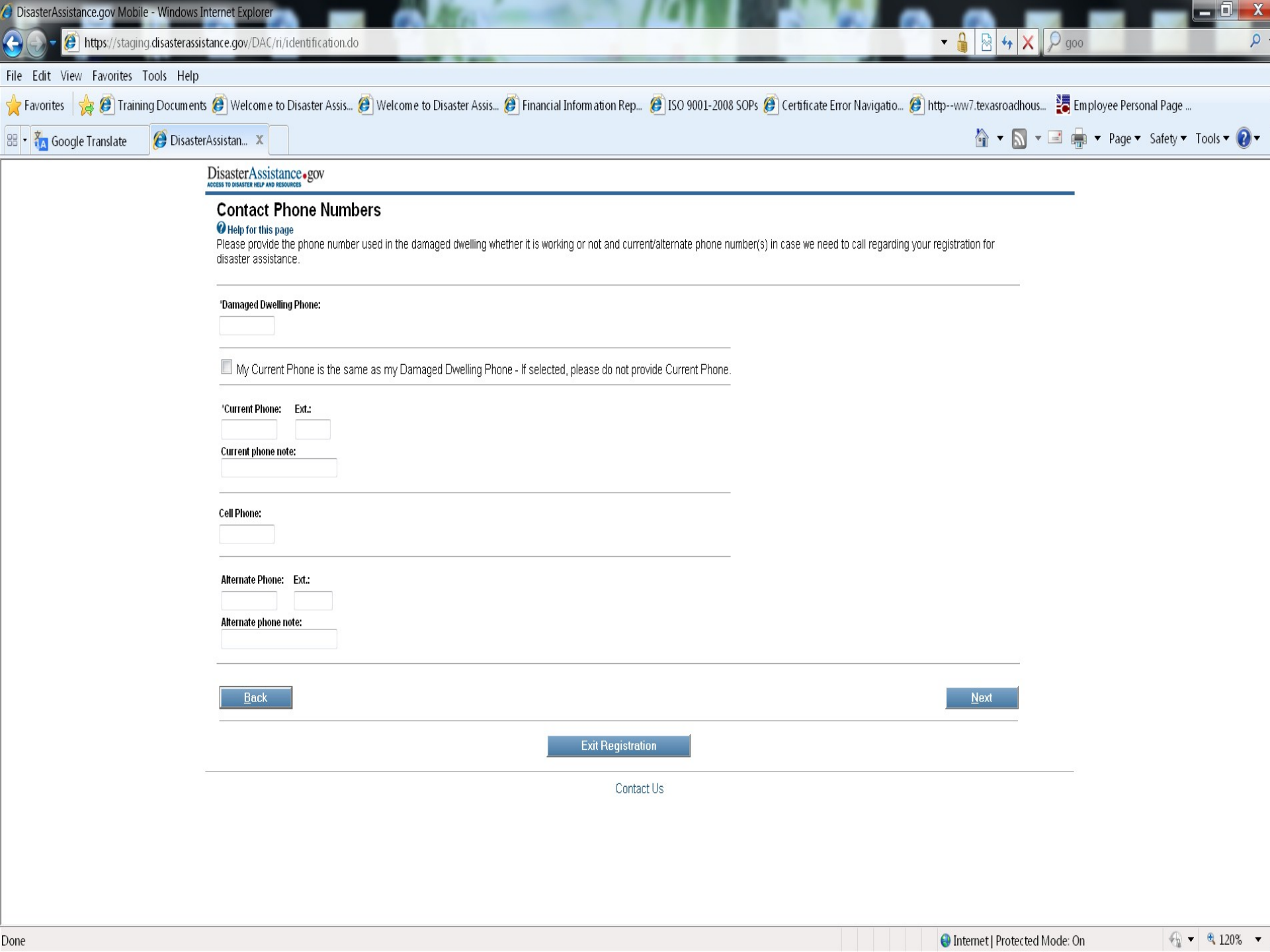
☐ I accept the Privacy Act Statement and declare that I am eligible.

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Exit Registration

Contact Us



Contact Phone Numbers

[Help for this page](#)

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 call regarding your registration for disaster assistance.

Damaged Dwelling Phone:

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

Current Phone: Ext.:

Current phone note:

Cell Phone:

Alternate Phone: Ext.:

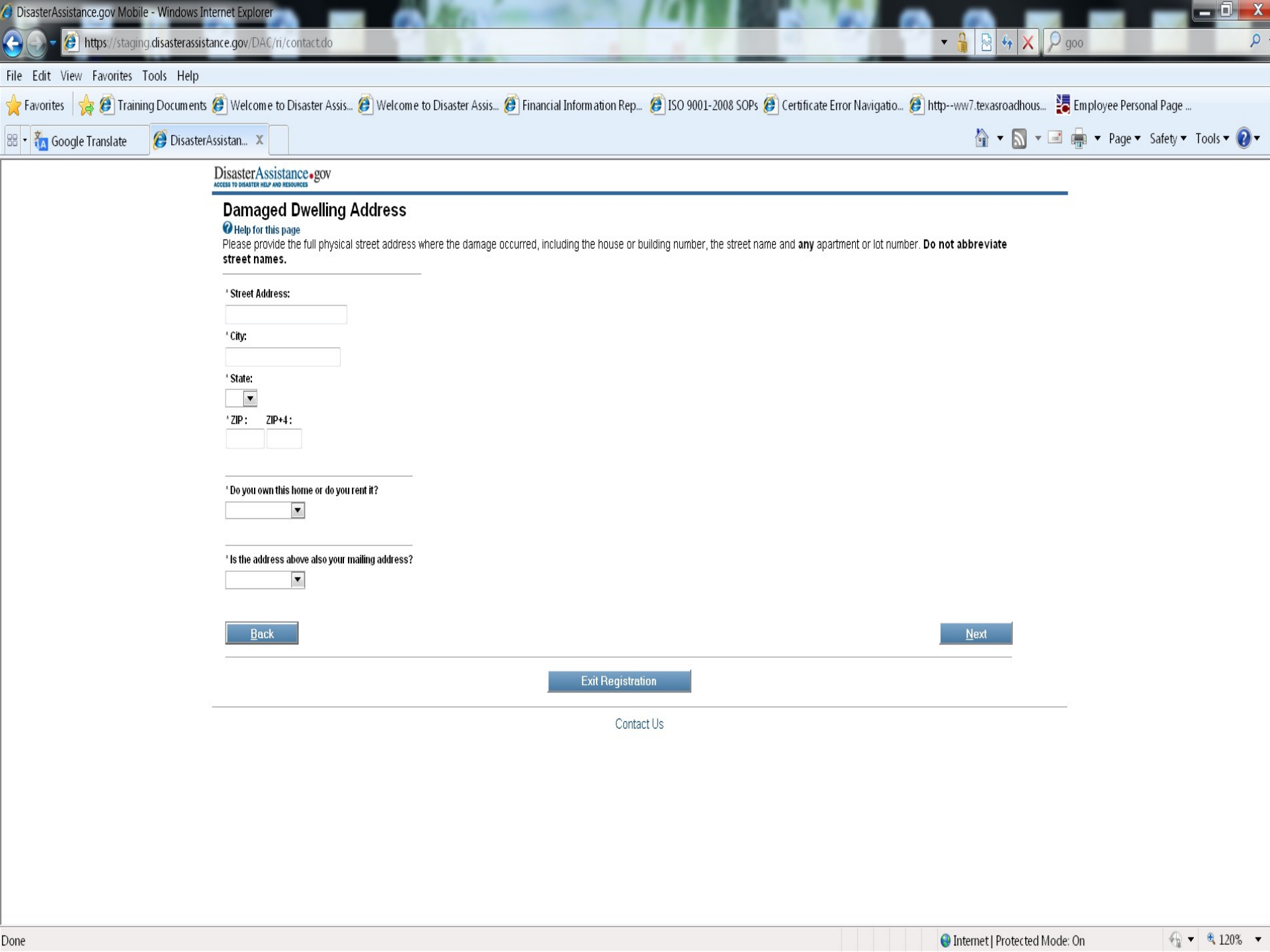
Alternate phone note:

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Damaged Dwelling Address

[Help for this page](#)

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.**

* Street Address:

* City:

* State:

* ZIP : ZIP+4 :

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

* Is the address above also your mailing address?

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Contact Us

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ACCESS TO DISASTER HELP AND RESOURCES

County/Parish/Municipio

[Help for this page](#)

Where did the damage occur?

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

YORK

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[Exit Registration](#)

[Contact Us](#)

Disaster Selection

* 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".

☐ SC TRAINING DEPT TEST DISASTER - 1449

08/15/2012 - 08/20/2012

☐ HURRICANE GRETCHEN TEST 11-2-04 BB - 1305

10/29/2005 - 11/15/2005

☐ None of the disasters above match my situation

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Exit Registration

Damage Type

* Loss Date:

10/29/2005

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

- ☐ Flood
- ☐ Hurricane/Hail/Rain/Wind Driven Rain
- ☐ Power Surge/Lightning
- ☐ Seepage
- ☐ Sewer Backup
- ☐ Tornado/Wind

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

☐ Other damage not listed here

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Exit Registration

DisasterAssistance.gov Mobile - Windows Internet Explorer

https://staging.disasterassistance.gov/DAC/ri/dstrDamage.do

goo

File Edit View Favorites Tools Help

Favorites

Training Documents

Welcome to Disaster Assis...

Welcome to Disaster Assis...

Financial Information Rep...

ISO 9001-2008 SOPs

Certificate Error Navigatio...

http--ww7.texasroadhous...

Employee Personal Page ...

Google Translate

DisasterAssistan...

Page Safety Tools

DisasterAssistance.gov

ACCESS TO DISASTER HELP AND RESOURCES

Disaster Related Losses

Help for this page

How were you affected by the disaster?

' Was your home damaged by the disaster?

☐ YES

☐ NO

☐ UNKNOWN

' Was any of your personal property not including vehicles damaged by the disaster?

☐ YES

☐ NO

☐ UNKNOWN

' Have you been without your essential utilities for 5 consecutive days or more?

☐ YES

☐ NO

' Were all of the vehicles in your household made undrivable due to the disaster?

☐ YES

☐ NO

' As a result of the disaster, do you have new or additional child care costs OR has your household income been reduced, increasing your financial burden to pay for child care?

☐ YES

☐ NO

' Did you, your co-applicant, or any dependents have help or support doing things like walking, seeing, hearing, or taking care of yourself before the disaster and have you lost that help or support because of the disaster?

☐ YES

☒ NO

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Done

Internet | Protected Mode: On

120%

Damaged Dwelling

[Help for this page](#)

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.

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[Contact Us](#)

Applicant Self-Assessment

Help for this page

You indicated that your home or personal property was damaged. FEMA would like to understand the level of disaster damage done. Please listen to [or read] each option and select the one that best matches your damage. If you are unsure about what category your damage falls under after hearing [or reading] the options, you may ask for examples. [Jesse click help to find examples].

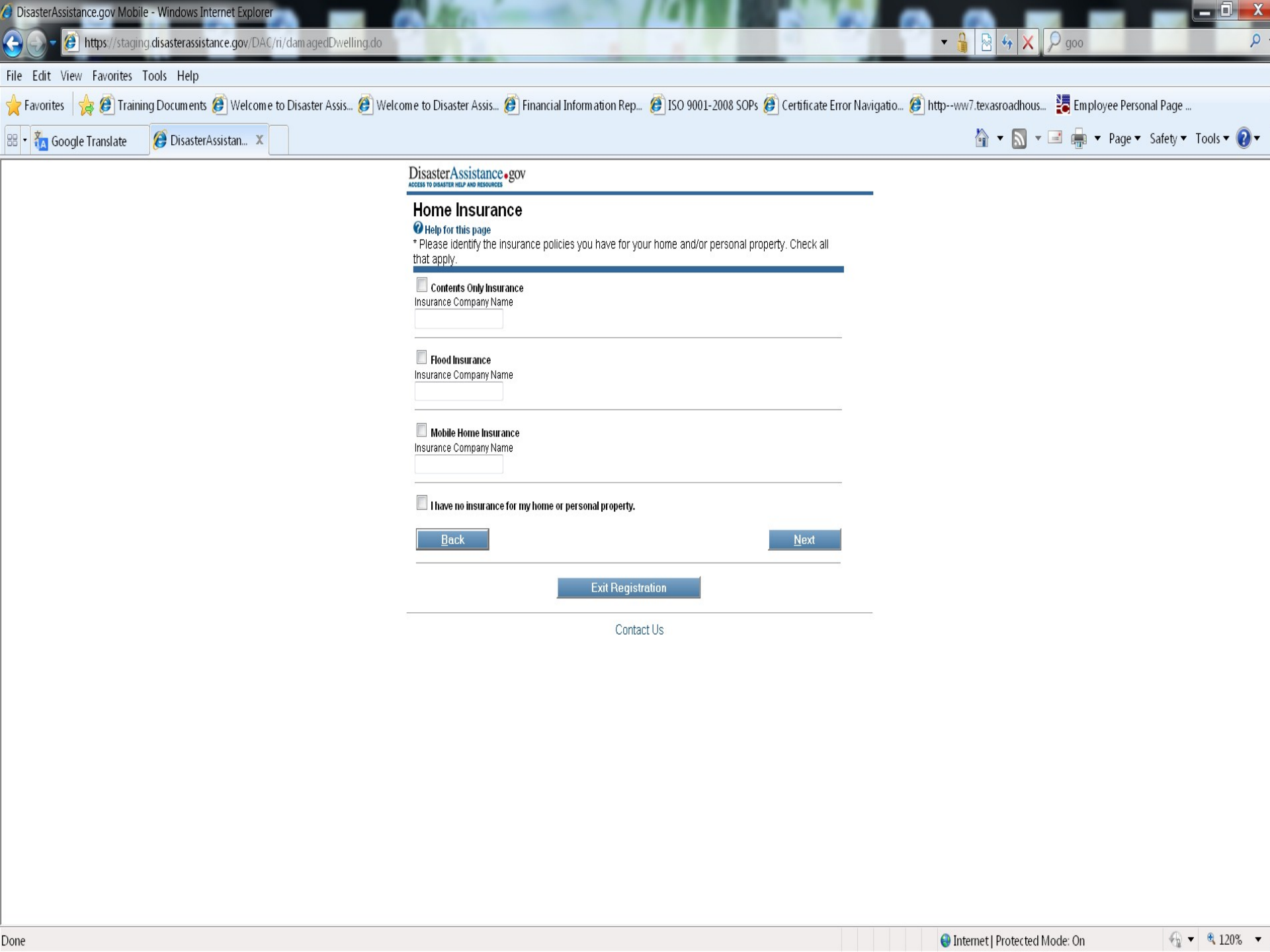
- ☐ I had minor damage but I am able to live in my home.
- ☐ I had damage to my home or personal property that requires a lot of repairs. I may not be able to live in my home.
- ☐ I had damage to my home or personal property that requires major repairs. I am not able to live in my home.
- ☐ My home was completely destroyed.
- ☐ Unknown.

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Exit Registration

Contact Us



Home Insurance

[Help for this page](#)

* Please identify the insurance policies you have for your home and/or personal property. Check all that apply.

☐ **Contents Only Insurance**

Insurance Company Name

☐ **Flood Insurance**

Insurance Company Name

☐ **Mobile Home Insurance**

Insurance Company Name

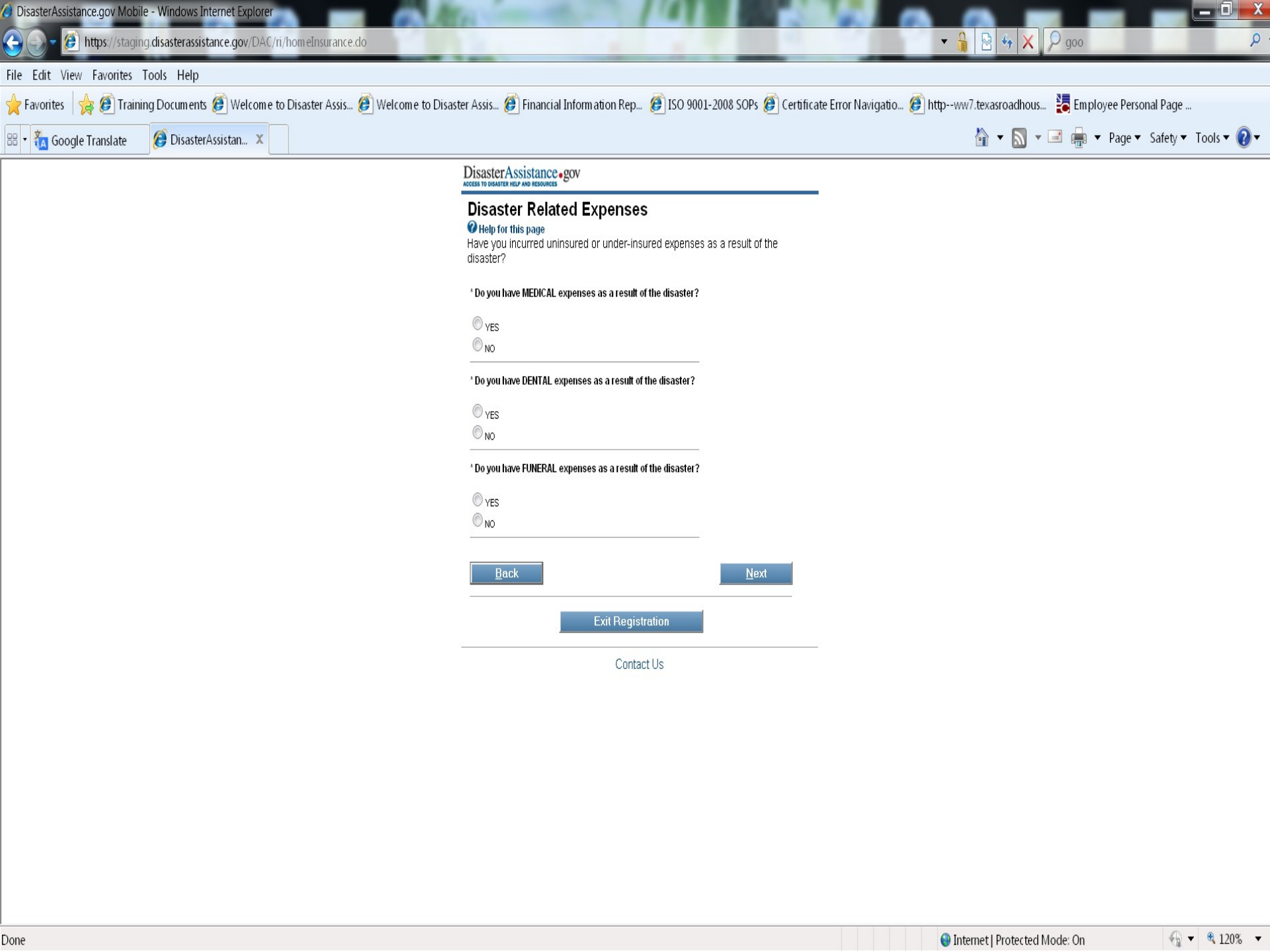
☐ **I have no insurance for my home or personal property.**

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Disaster Related Expenses

[Help for this page](#)

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

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

☐ YES

☐ NO

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

☐ YES

☐ NO

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

☐ YES

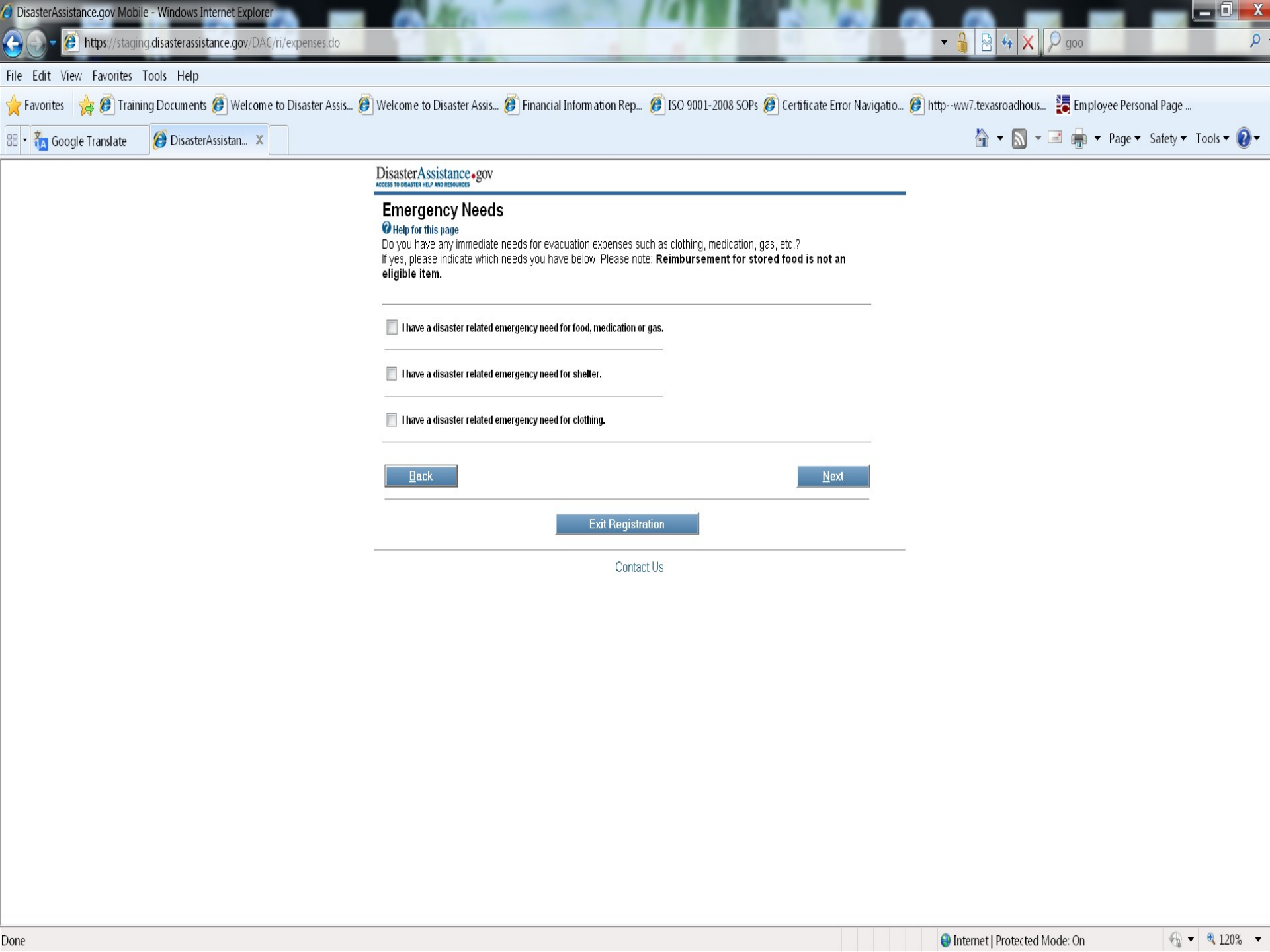
☐ NO

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Emergency Needs

[Help for this page](#)

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.**

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

☐ I have a disaster related emergency need for shelter.

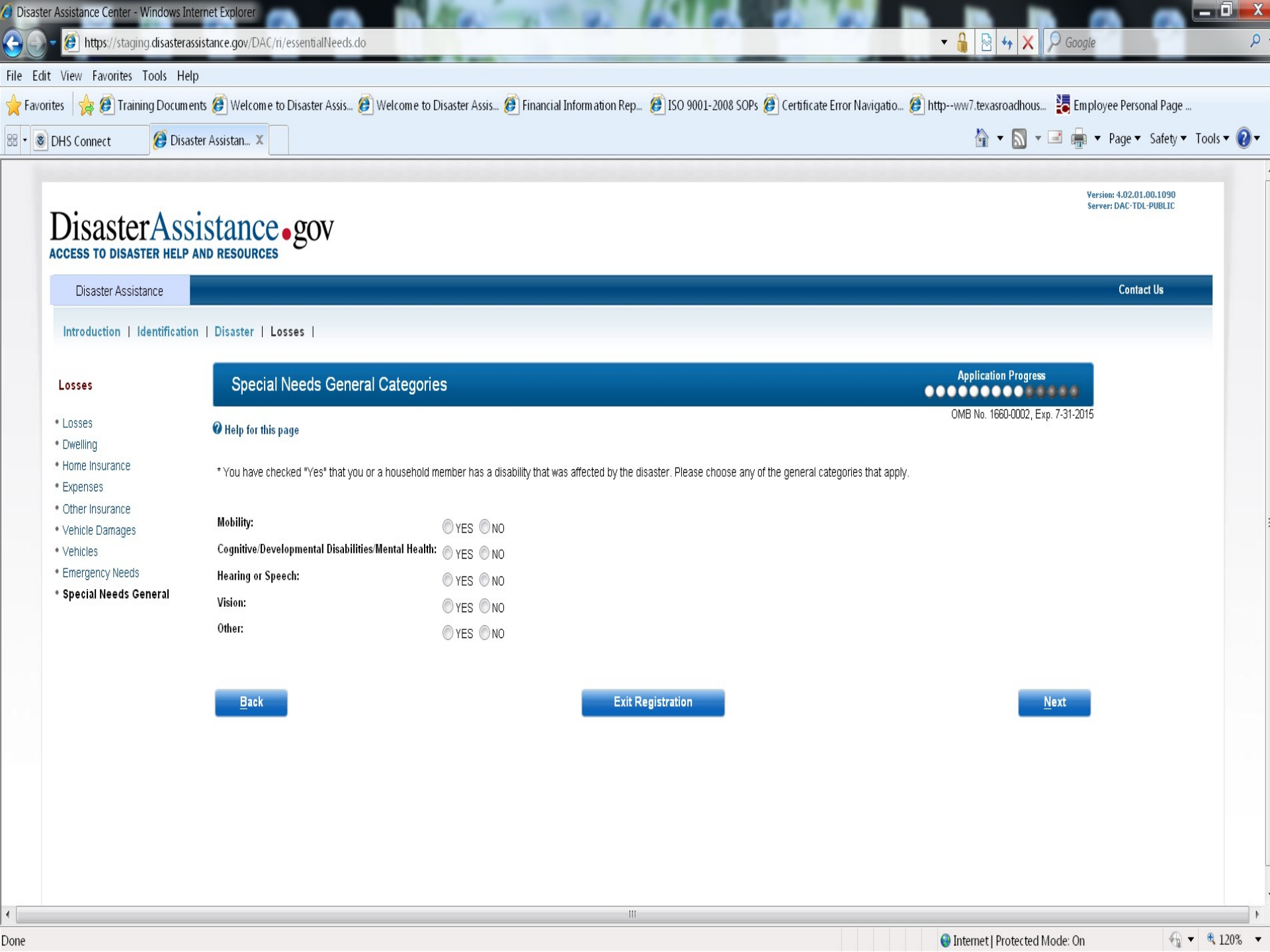
☐ I have a disaster related emergency need for clothing.

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DisasterAssistance.gov

ACCESS TO DISASTER HELP AND RESOURCES

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Server: DAC-TDL-PUBLIC

Disaster Assistance

Contact Us

Introduction | Identification | Disaster | Losses |

Losses

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Vehicles
- Emergency Needs
- **Special Needs General**

Special Needs General Categories

Application Progress



OMB No. 1660-0002, Exp. 7-31-2015

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* You have checked "Yes" that you or a household member has a disability that was affected by the disaster. Please choose any of the general categories that apply.

- Mobility:** ☐ YES ☐ NO
- Cognitive/Developmental Disabilities/Mental Health:** ☐ YES ☐ NO
- Hearing or Speech:** ☐ YES ☐ NO
- Vision:** ☐ YES ☐ NO
- Other:** ☐ YES ☐ NO

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DisasterAssistance.gov

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Disaster Assistance

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[Introduction](#) | [Identification](#) | [Disaster](#) | [Losses](#) |

Losses

- * Losses
- * Dwelling
- * Home Insurance
- * Expenses
- * Other Insurance
- * Vehicle Damages
- * Vehicles
- * Emergency Needs
- * Special Needs General
- * **Special Needs Specific**

Special Needs Specific Categories

Application Progress



OMB No. 1660-0002, Exp. 7-31-2015

[Help for this page](#)

* Based on the general categories of disability you marked, please now choose any specific categories related to those disabilities that have been affected by the disaster.

Mobility

- ☐ Wheelchair ☐ Walker ☐ Cane ☐ Lift ☐ Bath Chair ☐ Personal Care Attendant

Cognitive/Developmental Disabilities/Mental Health

- ☐ Personal Care Attendant ☐ Other (enter text)

Hearing or Speech

- ☐ Hearing Aid ☐ Sign Language Interpreter ☐ TDD/TTY ☐ Text messaging and/or other communication device

Vision

- ☐ Glasses ☐ White Cane ☐ Service Animal ☐ Braille or other accessible communication device ☐ Magnifier

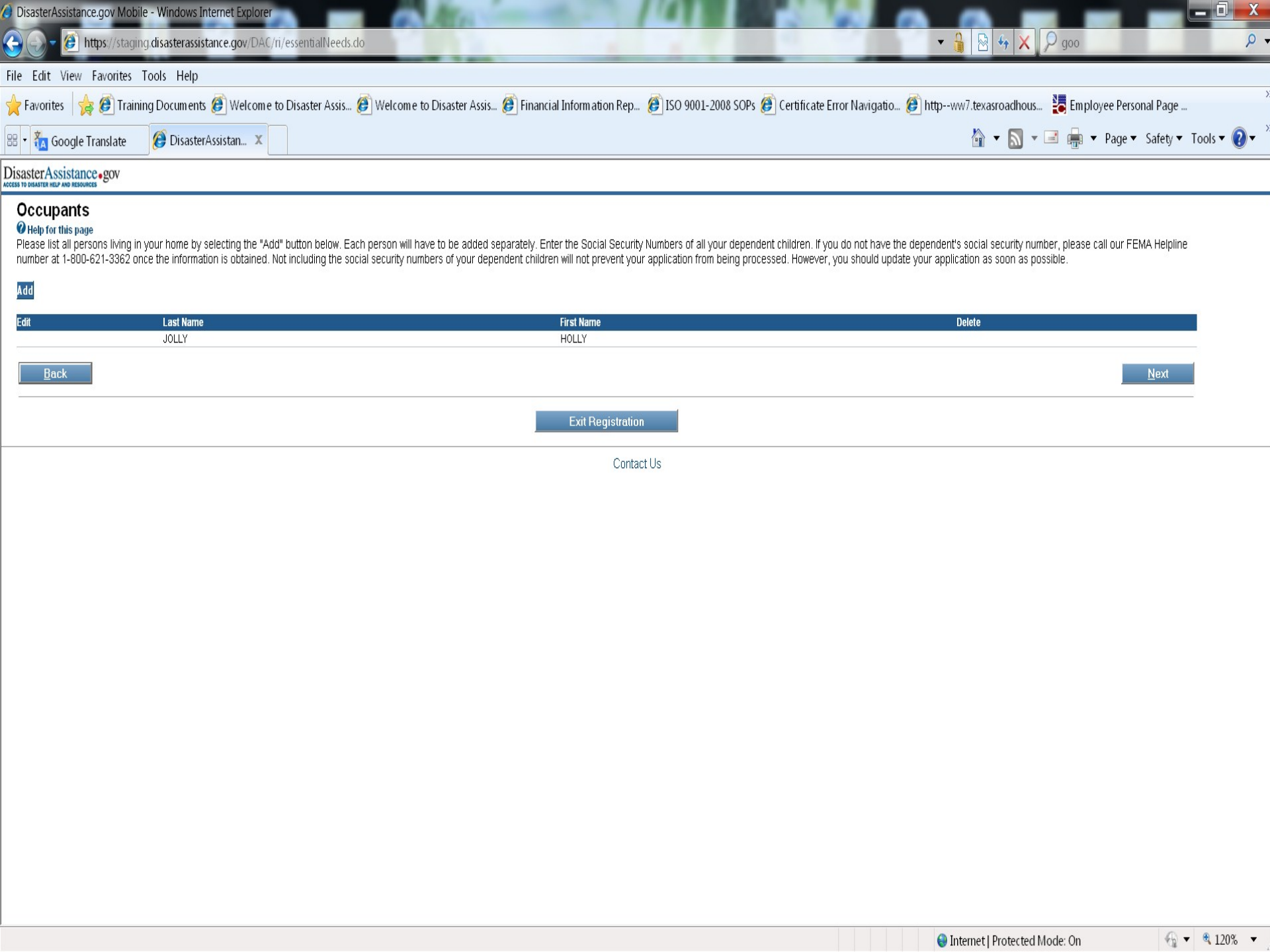
Other

- ☐ Other (enter text)

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Occupants

[Help for this page](#)

Please list all persons living in your home by selecting the "Add" button below. Each person will have to be added separately. Enter the Social Security Numbers of all your dependent children. If you do not have the dependent's social security number, please call our FEMA Helpline number at 1-800-621-3362 once the information is obtained. Not including the social security numbers of your dependent children will not prevent your application from being processed. However, you should update your application as soon as possible.

[Add](#)

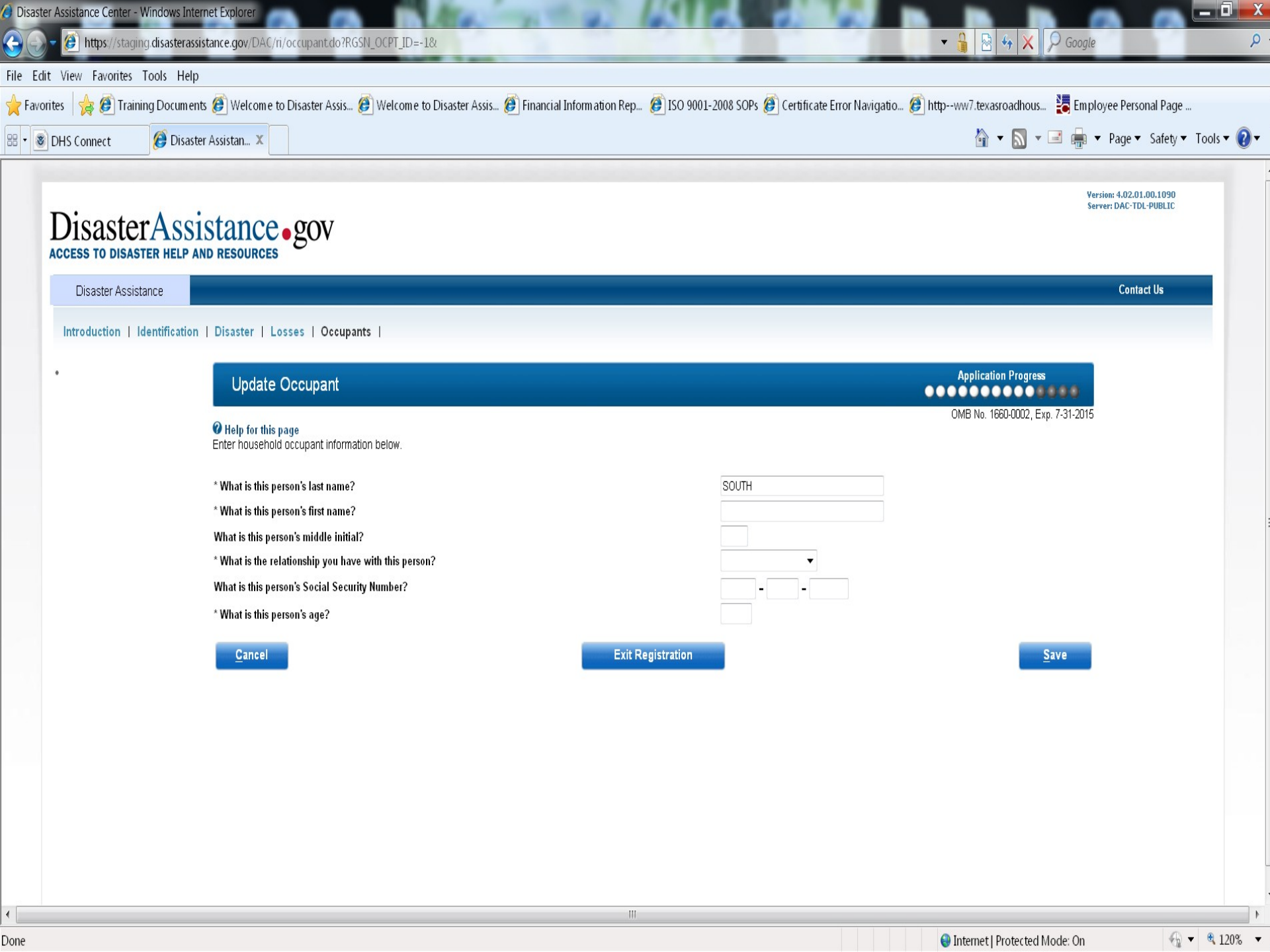
Edit	Last Name	First Name	Delete
	JOLLY	HOLLY	

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DisasterAssistance.gov

ACCESS TO DISASTER HELP AND RESOURCES

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Server: DAC-TDL-PUBLIC

Disaster Assistance

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Update Occupant

Application Progress
● ● ● ● ● ● ● ● ● ● ● ●

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[Help for this page](#)
Enter household occupant information below.

* What is this person's last name?

SOUTH

* 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 Social Security Number?

- -

* What is this person's age?

Cancel

Exit Registration

Save

Business Damages

[Help for this page](#)

'Is the household's primary source of income from self-employment?

☐ YES

☐ NO

'Do you own or represent a business or rental property that was affected by the disaster?

☐ YES

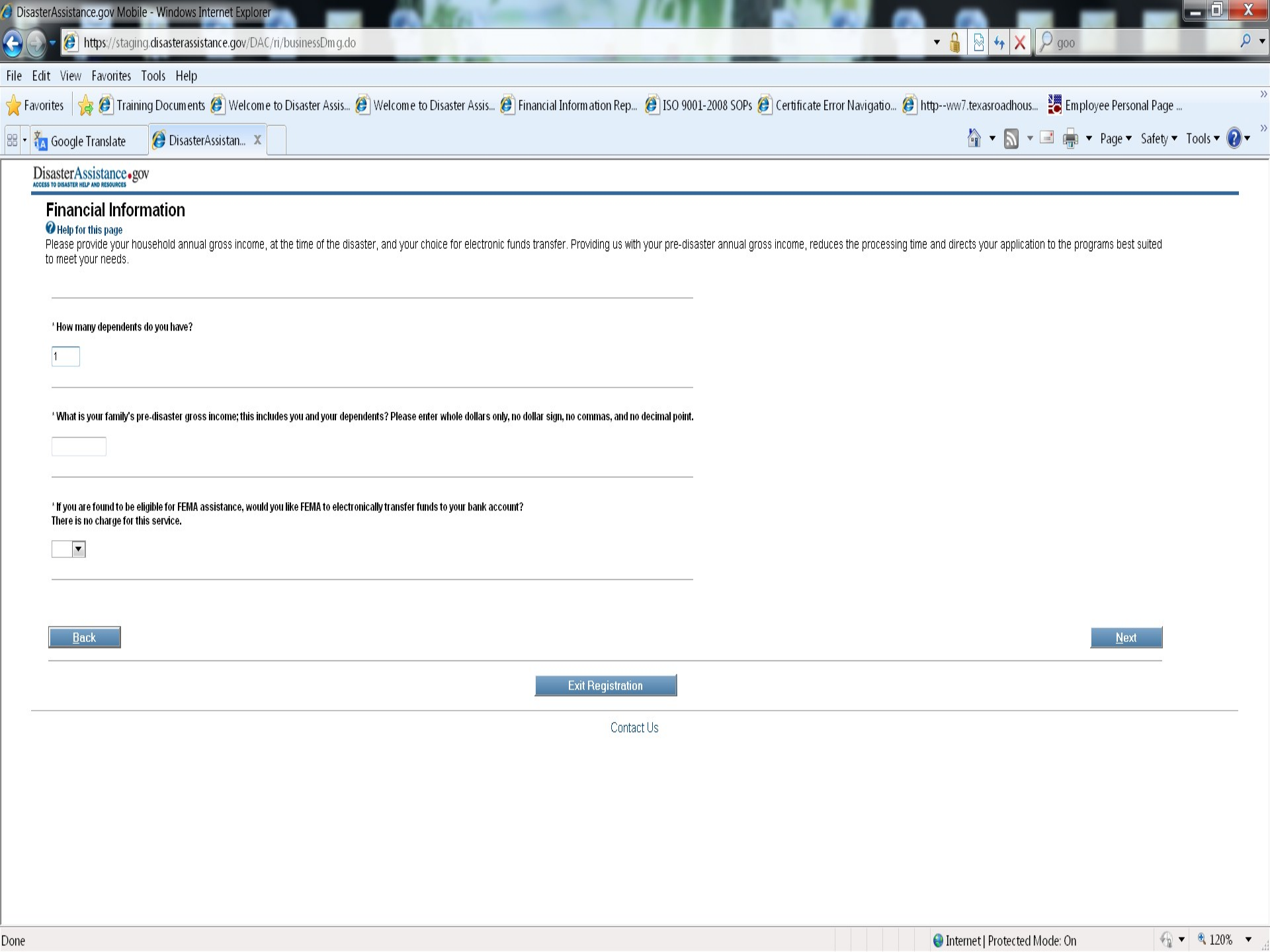
☐ NO

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Financial Information

[Help for this page](#)

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?

* What is your family's pre-disaster gross income; this includes you and your dependents? Please enter whole dollars only, no dollar sign, no commas, and no decimal point.

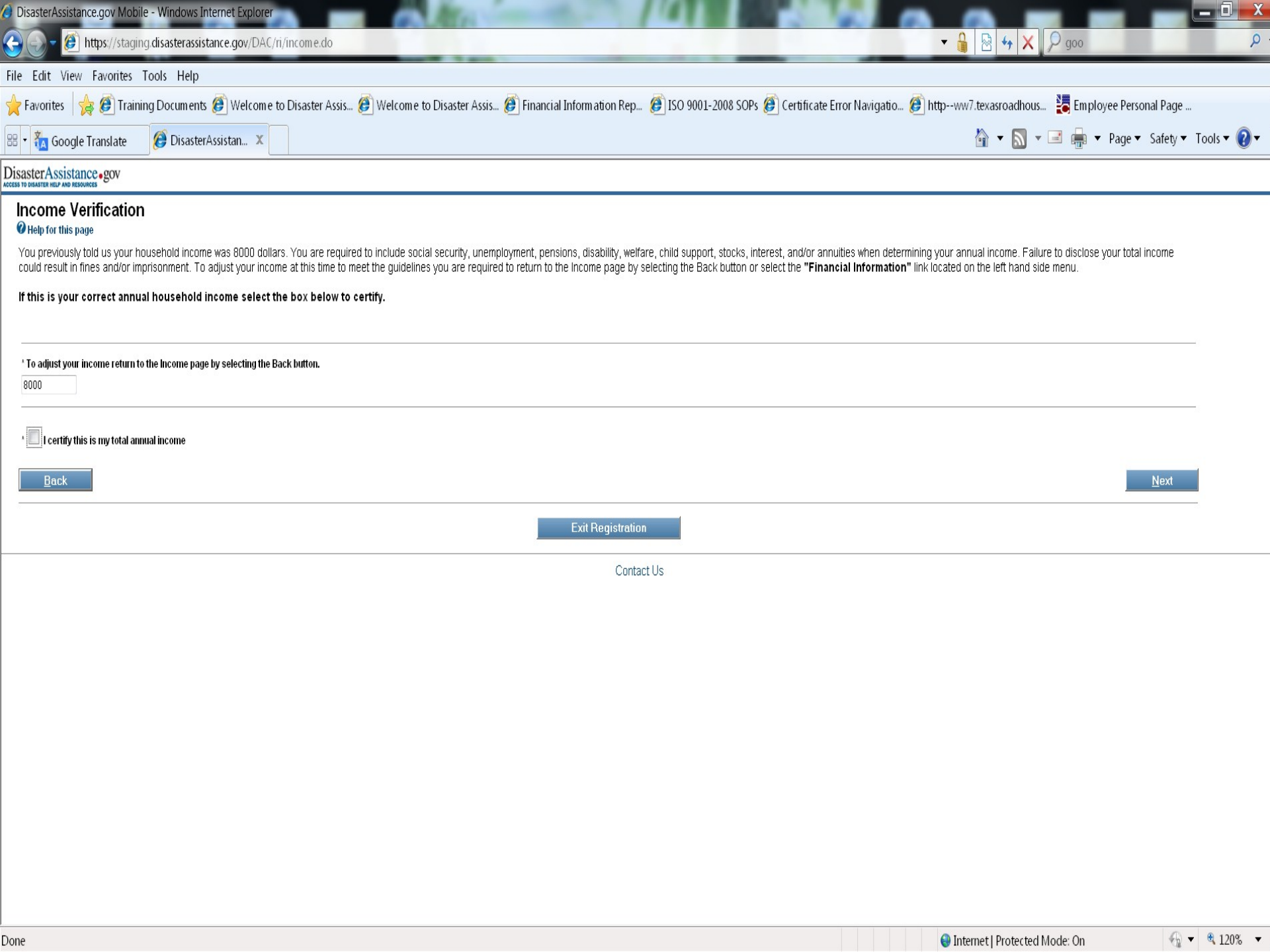
* If you are found to be eligible for FEMA assistance, would you like FEMA to electronically transfer funds to your bank account?
There is no charge for this service.

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You previously told us your household income was 8000 dollars. You are required to include social security, unemployment, pensions, disability, welfare, child support, stocks, interest, and/or annuities when determining your annual income. Failure to disclose your total income could result in fines and/or imprisonment. To adjust your income at this time to meet the guidelines you are required to return to the Income page by selecting the Back button or select the **"Financial Information"** link located on the left hand side menu.

If this is your correct annual household income select the box below to certify.

To adjust your income return to the Income page by selecting the Back button.

8000

☐ I certify this is my total annual income

Back Next

Exit Registration

[Contact Us](#)

Correspondence Preferences

[Help for this page](#)

How would you like to receive your correspondence from FEMA?

*** Do you prefer to receive traditional postal mail or electronic notification?**

- ☐ Postal Mail
☐ E-Mail

*** Would you like to receive additional status notifications via SMS text message?**

- ☐ Yes
☐ No

*** In which language would you like to receive correspondence?**

ENGLISH ▼

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[Contact Us](#)

Electronic Correspondence Summary

[Help for this page](#)

You have elected to receive electronic correspondence from FEMA. You will not receive any FEMA correspondence by traditional postal mail.

To protect your privacy FEMA will post correspondence to your account within the Disaster Assistance Center. When new correspondence is created, you will be alerted by E-mail that the correspondence is ready for you to view from your account. Your account also provides you the ability to track the progress of your assistance.

You will need to create a Disaster Assistance account to access your information. FEMA will send you an E-mail containing the link to create your secure account.

Please provide your E-mail address:

* Email Address:

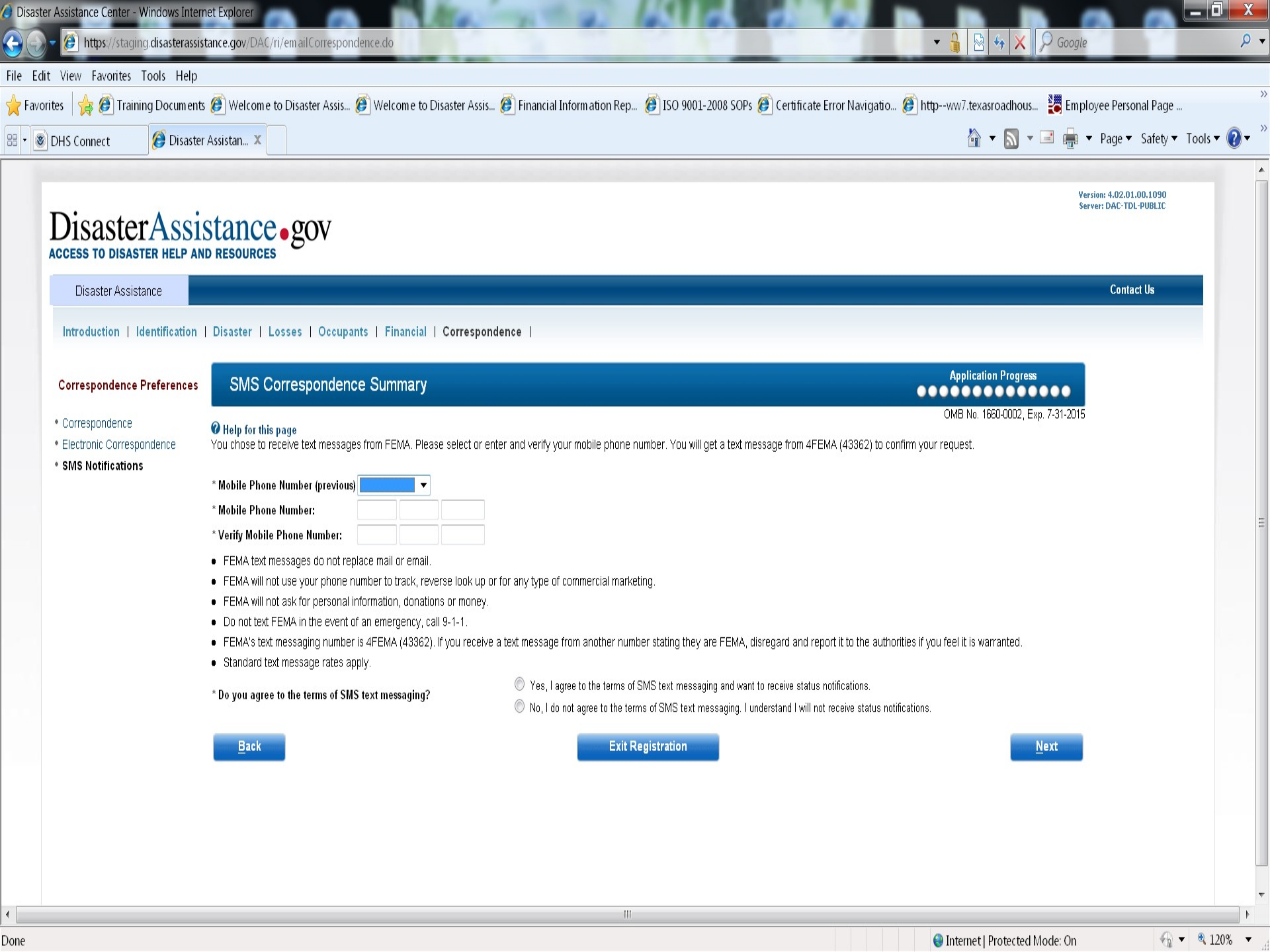
* Verify E-Mail Address:

If you do not receive an E-mail from FEMA within the next 7 days or to change your correspondence preference, please call the FEMA Helpline at 800-621-3362.

☐ Yes, proceed with Electronic correspondence.

☐ No, change preference to Postal Mail.

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Correspondence Preferences

- Correspondence
- Electronic Correspondence
- SMS Notifications

SMS Correspondence Summary



Application Progress

OMB No. 1660-0002, Exp. 7-31-2015

Help for this page

You chose to receive text messages from FEMA. Please select or enter and verify your mobile phone number. You will get a text message from 4FEMA (43362) to confirm your request.

* Mobile Phone Number (previous)

* Mobile Phone Number:

* Verify Mobile Phone Number:

- FEMA text messages do not replace mail or email.
- FEMA will not use your phone number to track, reverse look up or for any type of commercial marketing.
- FEMA will not ask for personal information, donations or money.
- Do not text FEMA in the event of an emergency, call 9-1-1.
- FEMA's text messaging number is 4FEMA (43362). If you receive a text message from another number stating they are FEMA, disregard and report it to the authorities if you feel it is warranted.
- Standard text message rates apply.

* Do you agree to the terms of SMS text messaging?

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

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Conclusion

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Done! Your Registration is Complete!

You have successfully completed the registration for FEMA assistance. Your Registration ID is # **13-0468809** in disaster # **1305**. Please make a note of this number.

Do not complete another registration as this could delay your assistance.

You may review and print a copy of your registration on the standard website. You will receive a packet through the mail containing the "Help After a Disaster, Applicant's Guide to the Individuals and Households Program", a copy of your application and information regarding other disaster assistance providers. Please keep this for your records. We encourage you to wait until you have received your packet before contacting FEMA. This will give you an opportunity to review your information to see if a call is necessary.

When contacting FEMA, please provide/include your Registration ID Number and your Social Security Number.

[Continue](#)

[Contact Us](#)

IDP questions



To protect your personal information, we ask that you answer the following questions created from your public records. Answer as many questions as possible, and select Submit.

Which of the following PROPERTIES have you PREVIOUSLY or CURRENTLY owned?
According to your DRIVER'S LICENSE, what COLOR is your HAIR?
Which of the following is/was your PHONE NUMBER?
In what COUNTRY do you currently live?

Cancel

Submit

Contact Us