

FEDERAL EMERGENCY MANAGEMENT AGENCY
CERTIFICATION OF HOUSEHOLD INCOME

Disaster No: XXXX

Please list your total Household income from all sources. Household income includes the income of your Spouse/ Co-applicant and possibly other household members if they are depended upon to assist in making your housing payments. Please use a separate sheet of paper if you need more space.

Part One: Applicant Information

A. Name: _____

B. FEMA Registration ID No: _____

C. Address: _____

Part Two: Household Income

PRE-DISASTER HOUSEHOLD INCOME

D. FEMA Applicant:

Monthly (gross) Income: \$ _____

Employer/Business Name

Company Address

Supervisor's Name

Supervisor's Telephone #(____) _____

E. Spouse / Co-Applicant

Monthly (gross) Income: \$ _____

Employer/Business Name

Company Address

Supervisor's Name

Supervisor's Telephone #(____) _____

F. Other Sources/Amount of Income (Identify Source, i.e. unemployment, social security, alimony, annuity, etc)

_____ \$ _____
_____ \$ _____
_____ \$ _____

POST-DISASTER HOUSEHOLD INCOME

G. FEMA Applicant:

Monthly (gross) Income: \$ _____

Employer/Business Name

Company Address

Supervisor's Name

Supervisor's Telephone #(____) _____

H. Spouse / Co-Applicant

Monthly (gross) Income: \$ _____

Employer/Business Name

Company Address

Supervisor's Name

Supervisor's Telephone #(____) _____

I. Other Sources/Amount of Income (Identify Source, i.e. unemployment, social security, alimony, annuity, etc)

_____ \$ _____
_____ \$ _____
_____ \$ _____

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J. Total Pre- & Post Disaster Income

Total Pre-Disaster Household Income:

Total Post-Disaster Household Income:

\$

\$

K. I certify under penalty of perjury that all of the statements made above are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand FEMA may contact landlords, mortgage lenders, employers, and other third parties to verify the information I have provided, and that the information I have provided is subject to audit. I understand that if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of Federal and State laws, which carry penalties including fines, imprisonment of up to 5 years, or both (18 U.S. C. 287 and 1001.)

Applicant Signature

Date

PRIVACY ACT STATEMENT

Authority: The authority to collect information regarding your application for disaster assistance is derived from the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206 and Executive Order 12148, as amended. The authority to collect your social security number is derived from the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d), and 7701(c)(1).

Primary Purposes: The information is needed to determine your eligibility for disaster assistance and to refer you to the proper sources of assistance.

Routine Uses: The information may be given to federal and state agencies providing disaster assistance, as well as to organizations and agencies from which you are seeking assistance. It may also be shared with insurers or lenders of your damaged property, with other disaster assistance providers to ensure benefits are not duplicated, and with State and local government agencies to promote hazard mitigation measures to reduce repetitive loss from disasters. It may also be disclosed to a national, state, or local law enforcement agency where there may be a violation or potential violation of the law, or to another agency or court when the Government is party to a suit. We may also disclose such information to a federal, state or local agency when we request information relevant to an Agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a Federal agency requests such information for a similar purpose from us. Information may also be disclosed to OMB in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections conducted under the authority of 44 U.S.C. 2904 and 2906.

Mandatory or Voluntary Disclosure: Giving this information to us is required to determine your eligibility for assistance. Failure to provide this information will result in delay or rejection of your request for disaster assistance please complete this form and return it to FEMA at the following address: FEMA – MRA Recertification; National Processing Service Center; P.O. Box 10055; Hyattsville, MD 20782-7055; or fax it to: FEMA – MRA Recertification, 1-800-827-8112

PAPERWORK BURDEN DISCLOSURE NOTICE

"FEMA has estimated the public reporting burden for the **Certification of Household Income Form** to average 25 minutes per response". The estimate includes the time for reviewing instructions and completing the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Paperwork Reduction Project (3067-0009), Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. NOTE: Do not send your completed form to this address. By law, you do not have to respond unless the OMB control number is current.

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INSTRUCTIONS FOR COMPLETING
CERTIFICATION OF HOUSEHOLD INCOME FORM

To complete this form you will need to know:

- FEMA Registration ID number
- Current mailing address
- ALL sources of household income including:
 - Pre and Post Disaster employment information for your household (name of employer, address, supervisor's name, phone number, and gross income amount(s))
 - Weekly/Monthly/Yearly (select one) gross income from all sources of income
 - Unemployment Benefit information (amount of benefits, start date, and benefit expiration date)
 - Other Sources of Household Income (unemployment benefits, social security benefits, pension, alimony, annuity, adult household member(s) who contribute to the household expenses, etc.)

Part One: Applicant Information

A. Print your name (Last name, First name, Middle initial) as it appears on your FEMA Disaster Assistance registration.

B. Enter your FEMA Registration ID number. This number was provided at the time of registration and can be found on your correspondence from FEMA.

C. Provide the full address of your current residence (house number, street, city, state, and zip code).

Part Two: Household Income Information

D. Enter the FEMA **applicant's** gross **pre-disaster** monthly income. Please print the name of the employer (if self-employed provide business name) and full address of place of employment/business. Employees enter the name of immediate supervisor, and a phone number where the supervisor can be reached.

E. Enter the FEMA **Spouse/Co-applicant's** gross **pre-disaster** monthly income. Please print the name of the employer (if self-employed provide business name) and full address of place of employment/business. Employees, enter the name of immediate supervisor, and a phone number where the supervisor can be reached.

F. Identify **other sources** of **pre-disaster** household income (i.e. other adult household member(s) who contribute to the household expenses, retirement benefits, disability benefits, Social Security benefits, annuities, rental resources, etc.). Specify the gross monthly income amount for each source. (If additional lines are needed, please provide on a separate sheet of paper.)

G. Enter the FEMA **applicant's** gross **post-disaster** monthly income. Please print the name of the employer (if self-employed provide business name) and full address of place of employment/business. Employees enter the name of immediate supervisor, and a phone number where the supervisor can be reached. (Self-employed individuals must identify their pre and post disaster income; Employees should only complete section "E" if currently employed, including part time or temporary employment)

H. Enter the FEMA **Spouse/Co-applicant's** gross **post-disaster** monthly income. Please print the name of the employer (if self-employed provide business name) and full address of place of employment/business. Employees enter the name of immediate supervisor, and a phone number where the supervisor can be reached. (Self-employed individuals must identify their pre and post disaster income; Employees should only complete section "E" if currently employed, including part time or temporary employment)

I. Identify **other sources** of **post-disaster** household income (i.e. other adult household member(s) who contribute to the household expenses, retirement benefits, disability benefits, Social Security benefits, annuities, rental resources, etc.). Specify the gross monthly income amount for each source. (If additional lines are needed, please provide on a separate sheet of paper. Always include the applicant's name and FEMA registration ID number on ALL correspondence.)

J. Total Pre- & Post Disaster Income Amount. This total is obtained by adding all the income identified in the Pre-Disaster Household Income column and the Post-Disaster Household Income column.

K. Please print your name, sign, and date this form **ONLY AFTER YOU HAVE READ** this paragraph. By signing this form, you are declaring the information is true and correct and you understand the penalties associated with false statements. To be considered for Mortgage or Rental Assistance this form must be completed, signed, and dated.