

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
REQUEST FOR ADDITIONAL MORTGAGE AND RENTAL ASSISTANCE (MRA)**

Disaster No. XXXX

**Part A. Applicant Information**

A. Applicant Name (Last, First, MI): \_\_\_\_\_

B. FEMA Registration ID No.: \_\_\_\_\_

C. Address: \_\_\_\_\_

D. I am currently living in the pre-disaster residence \_\_\_\_\_ (Yes/No).  
If no, reason for moving: \_\_\_\_\_

E. My next mortgage/rent payment is due \_\_\_\_/\_\_\_\_/\_\_\_\_. If late, when was the due date? \_\_\_\_/\_\_\_\_/\_\_\_\_.

F. I used the previous assistance to pay my mortgage/rent for the period of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

G. The name of my landlord/lender is \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

**Part B. Household Financial Information**

H. FINANCIAL INFORMATION: Current household employment/income situation: (Please check the appropriate situation listed below.)

1. \_\_\_\_ Applicant/Co-applicant/Spouse (select one) is receiving Disaster (DUA) or Regular (UI) Unemployment because of the Federally Declared Disaster. If more than one member of household is receiving unemployment, please identify on a separate sheet of paper.

a. Date benefits began \_\_\_\_/\_\_\_\_/\_\_\_\_. Date benefits will end \_\_\_\_/\_\_\_\_/\_\_\_\_.

b. Current weekly income from UI or DUA \$ \_\_\_\_\_.

2. \_\_\_\_ I am currently employed.

a. My current place of business/employment is \_\_\_\_\_

b. I have worked there since \_\_\_\_\_ to \_\_\_\_\_.

c. Business/employment Address: \_\_\_\_\_

d. Supervisor's name: \_\_\_\_\_

e. Supervisor's phone number is: (\_\_\_\_) \_\_\_\_\_

f. My current income from business/employment weekly/monthly/yearly (circle one) is:  
\$ \_\_\_\_\_.

3. \_\_\_\_ Co-Applicant is currently employed.

a. My current place of business/employment is \_\_\_\_\_

b. I have worked there since \_\_\_\_\_ to \_\_\_\_\_.

c. Business/employment Address: \_\_\_\_\_

d. Supervisor's name: \_\_\_\_\_

e. Supervisor's phone number is: (\_\_\_\_) \_\_\_\_\_

f. My current income from business/employment weekly/monthly/yearly (circle one) is: \$ \_\_\_\_\_

4. Other Source of Household Income: \_\_\_\_\_ (e.g., Other household member, Retirement, Disability, Social Security, Annuity, Rental Property, etc.)

5. \_\_\_\_\_ My Total weekly/monthly/yearly (circle one) HOUSEHOLD income is: \$ \_\_\_\_\_.

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
REQUEST FOR ADDITIONAL MORTGAGE AND RENTAL ASSISTANCE (MRA)**

---

---

I. I am currently attempting to re-establish my household financial stability by:

---

---

---

J. My household continues to have a loss at least 25% of our pre-disaster household income due to the Federally Declared Disaster and I cannot afford to pay my mortgage/rent. 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.).

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
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 **Request for Additional Mortgage and Rental Assistance Form** to average 30 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.

**FEDERAL EMERGENCY MANAGEMENT AGENCY**  
**REQUEST FOR ADDITIONAL MORTGAGE AND RENTAL ASSISTANCE (MRA)**

---

INSTRUCTIONS FOR COMPLETING REQUEST FOR  
ADDITIONAL MORTGAGE AND RENTAL ASSISTANCE (MRA)

To complete this form you will need the following information:

- FEMA Registration ID number
- Current Address
- Social Security number
- The time period covered by payments made to your lender/landlord
- Your lender/landlord's name and phone number
- All sources of household income including:
  - Unemployment Benefit information, amount of benefits, start date and benefit expiration date
  - Current employment information, name of employer, address, supervisor's name, phone number, how long employed, and gross income amount(s)
  - Other sources of household income including gross dollar figures

**Part A:**

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).

D. Are you still living at the same residence you occupied at the time of the disaster? Please indicate YES/NO

- If you are no longer living at the same residence, identify the reason for your move (i.e. evicted/foreclosed due to non-payment, moved to a less expensive housing unit, closer to place of employment, etc.)

E. Identify the due date of your next mortgage or rent payment. If you are past due on a mortgage or rent payment, indicate the due date of the past due payment.

F. Identify the period covered by payments made to your lender or landlord from your last FEMA award (From what date to what date)

G. Provide the name, phone number, and address of your current lender/landlord.

**Part B**

H. Providing the your household's pre and post disaster financial situation.

1. Check this line and complete a-b if you or your co-applicant/spouse is receiving
  - Disaster Unemployment Assistance (DUI) or Regular Unemployment Assistance (UI) because of the Federally Declared Disaster. If more than one member of household is receiving unemployment, please identify on a separate sheet of paper. Include answers to questions a-b below. All correspondence to FEMA should include the name of the FEMA applicant and the FEMA Registration ID number
  - Date you began receiving unemployment benefits and the date your eligibility for benefits will expire; and

- Identify the gross amount of weekly benefits received.
- 
- 2. Check this line and complete a-e if you, FEMA applicant, are currently employed, this includes part-time or temporary employment, or if self-employed, and the business is operational.
  - Print name of employer/business. Identify the length of time applicant has worked for this employer/business. If self-employed, identify time business has been operating.
  - Provide the full address of your place of employment/business.
  - Employee - Print the name of the applicant's immediate supervisor.
  - Employee - Provide the phone number where the supervisor can be reached.
  - Identify your current weekly/monthly/yearly (circle one) gross income received from this employment.
- 3. Check this line and complete a-e if there is a co-applicant/spouse in the household who is currently employed, this includes part-time or temporary employment, or, if self-employed, your business is operational.
  - Print name of employer/business. Identify the length of time co-applicant/spouse has worked for this employer/business. If self-employed, identify time business has been operating.
  - Provide the full address of your place of employment/business.
  - Employee - Print the name of co-applicant/spouse's immediate supervisor
  - Employee - Provide the phone number where the supervisor can be reached.
  - Identify co-applicant/spouse's current weekly/monthly/yearly (circle one) gross income received from this employment.
- 4. Check this line if there are other sources of household income, identify source (i.e. other adult household members who contribute to the household expenses, Retirement benefits, Disability benefits, Social Security benefits, Annuities, etc.)
  - Identify the frequency weekly/monthly/yearly (circle one) and gross amount of other source(s) of household income.
- 5. Identify your household's total weekly/monthly/yearly (circle one) income. This number should be the sum of any amounts identified in G 1-4 above.
- 6. Check this box if your household continues to have a 25% or greater disaster related loss of income.

I. Please identify the means you are taking to re-establish your household's financial stability. (i.e. seeking employment, skill training, pending estate settlement, etc.)

J. AFTER YOU HAVE READ THIS FORM, Please print your name, sign, and date this form. 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.