

U.S. Department of Homeland Security
FEDERAL EMERGENCY MANAGEMENT AGENCY
EMERGENCY LODGING ASSISTANCE
Terms and Conditions

Head of Household/Applicant Information

***REQUIRED**

Last Name*-_____ First Name*-_____

(Complete at least two of the following)

Last 4 Digits of SSN-_____ FEMA Registration ID-_____ Date of Birth-_____

Residents of the Unit

(Authorized Occupants are individuals listed in the FEMA lease or occupancy agreement)

NAME	AGE	SEX
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Terms and Conditions for Receiving Hotel/Motel Accommodations

- I acknowledge that the Hotel/Motel is for my household's use only.

- I acknowledge that upon activation of the Hotel/Motel Assistance, FEMA will only pay for the cost of the room and tax. All other amenities, including but not limited to, restaurant, club, room service, telephone, movie rental, Internet, laundry, dry cleaning, parking, and any other ancillary services is my responsibility.

SIGNATURE OF HEAD OF HOUSEHOLD (APPLICANT)

DATE