

U.S. Department of Homeland Security
FEDERAL EMERGENCY MANAGEMENT AGENCY
Transitional Sheltering Assistance (TSA) (Extension of Assistance)
Terms and Conditions

Period of Assistance Ends: March 12, 2009 (Initial Here: _____)
(checkout March 13, 2009)

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- _____

OCCUPANTS OF HOTEL ROOM

(Authorized Occupants are individuals listed in the FEMA Application)

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

Terms and Conditions for Receiving an Extension of Transitional Sheltering Assistance (TSA)

- I understand that I have been approved for an extension of TSA because I have been determined eligible for FEMA housing assistance, OR because at registration I indicated that I had home damage but FEMA has not yet determined my eligibility for temporary housing assistance.
- I understand that the Hotel/Motel is for my household's use only.
- I understand that, under TSA, 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 additional services or charges are my responsibility.
- I understand that this Period of Assistance ends at check out time on March 13, 2009.
- I understand that if I stay beyond checkout time on March 13, 2009, I will be responsible for any further costs.
- I acknowledge that FEMA is not obligated to provide me a separate notice of when this Period of Assistance for TSA expires.

SIGNATURE OF HEAD OF HOUSEHOLD (APPLICANT)

DATE