

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

**Period of Assistance Ends: January 31, 2009 (Initial Here: \_\_\_\_\_)**

**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 inspected the damages to my home.
- 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 January 31, 2009.
- I understand that if I stay beyond January 31, 2009, I will be responsible for any further costs.
- I understand that I will be notified by FEMA when I am no longer eligible to stay in the hotel at FEMA expense.
- 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