

**U.S. Department of Homeland Security
FEDERAL EMERGENCY MANAGEMENT AGENCY**

Temporary Housing Assistance
Terms and Conditions

**Period of Assistance Ends: Friday, March 27, 2009 (Initial Here: _____)
(checkout Saturday, March 28, 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 FEMA's Direct Payment of Hotel Lodging

- I understand that FEMA assistance will continue to be paid directly to the hotel on my behalf up to the maximum amount of financial assistance allowable by law.
- I understand that the Hotel/Motel is for my household's use only.
- I understand that 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 FEMA may terminate my hotel assistance prior to the date in this agreement if I fail to inform FEMA of a change in my housing situation or fail to respond to FEMA's attempts to contact my household about my housing situation.
- I understand that this Period of Assistance ends on Friday, March 27, 2009.
- I understand that if I stay beyond checkout time on March 28, 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.

SIGNATURE OF HEAD OF HOUSEHOLD (APPLICANT)

DATE