

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

THIS PORTION SHOULD BE FILLED OUT BY THE GUEST & INITIALED BY LODGING PROVIDER (LP)

Period of Assistance Ends: (November 17, 2016) Checkout (November 18, 2016)

- Initial Check-in: Date: _____ LP INITIAL ____
OR
 Extension Acknowledgement: Date: _____ LP INITIAL ____

**THIS PORTION SHOULD BE FILLED OUT BY THE LODGING PROVIDER
HEAD OF HOUSEHOLD/APPLICANT INFORMATION**

Last Name: _____ First Name: _____

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

Terms and Conditions for FEMA's Direct Payment of Hotel Lodging

- I understand that this Period of Assistance ends on **November 17 2016**.
- I understand if I have been deemed eligible for rent from IHP, I will only be allowed to remain in Transitional Sheltering through the end of the period of assistance.
- I understand that if I stay beyond checkout time on **November 18, 2016**, I will be responsible for any further costs.
- FEMA will pay the nightly room rate and taxes for your hotel stay up to the approved GSA adjusted amount for your lodging location. You will be responsible for any expense above the FEMA approved amount for your stay.
- I understand that FEMA may terminate my hotel assistance prior to the date in this agreement without further notice if any of the following applies to me:
 - I have been informed that my home has been inspected and found safe to occupy;
 - I advised FEMA that my home was not damaged as a result of the disaster;
 - I have insurance to cover my additional living expenses for my temporary emergency shelter / housing needs;
 - I advised FEMA that I am no longer in need of housing assistance;
 - I have rejected all rental resources for temporary housing offered by FEMA;
 - I advised FEMA that I do not intend to seek alternate housing;
 - I have not responded to FEMA's attempts to contact me to discuss my case.
- 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 I will be notified by FEMA if my FEMA Direct Payment of Hotel Lodging is extended.

If you have questions regarding this notice or about temporary housing assistance, please call the FEMA Helpline at 1-800-621-FEMA (3362); for people who are deaf, hard of hearing or with speech disabilities, the TTY is 1-800-462-7585. If FEMA has determined that you are not eligible for any further housing assistance, you should have already received a letter explaining why. You may appeal that decision in writing, following instructions in the letter.

If you have any other disaster related questions, visit www.disasterassistance.gov and click on Apply for Assistance for more information or call the FEMA Helpline.

*Applicant (GUEST) Signature _____ *Date _____