

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
INDIVIDUALS AND HOUSEHOLDS PROGRAMS (IHP)
REPLACEMENT ASSISTANCE CONSIDERATION

PART A: APPLICANT INFORMATION

1. DR:	2. FEMA Registration	3. Date
4. Applicant Name		5. Phone No.

PART B: APPLICANT'S PRIMARY ADDRESS

1. Address			
2. City	3. State	4. County	5. Zip Code

PART C: ELIGIBILITY INFORMATION

1. ELIGIBILITY CRITERIA	2. NEMIS CODE
A. Owner Yes <input type="checkbox"/> No <input type="checkbox"/>	A. Residence Rebuild <input type="checkbox"/> 6391
B. Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	B. MH Replace <input type="checkbox"/> 6980
C. Destroyed <input type="checkbox"/> Yes <input type="checkbox"/> No	C. Travel Trailer Replace <input type="checkbox"/> 6981
D. Condemned by local government agency <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (If yes attach local government issued condemnation list)	D. Other

PART D: ASSISTANCE DETERMINATION

1. Assistance Received to Date	2. Assistance Available Information
A. Lodging Expense Reimburse \$	A. FEMA Real Property Verified Loss \$
B. Repair \$	
C. Rental \$	B. Total available under IHP Maximum \$
D. Other Needs Assistance (ONA) \$	
E. Total \$	C. Requested Replacement Amount \$
F. SBA Status	
G. SBA Amount \$	

Comments

PART E: SIGNATURES

1. Housing Assistance Program Manager	Signature	Date
2. Individual Assistance Officer	Signature	Date
3. Federal Coordinating Officer/DRM	Signature	Date
4. HQ Recovery Division Director	Signature	Date

**Replacement Assistance Consideration Form
Instructions**

Part A - Applicant Information

1. Disaster Number (DR): Disaster this applicant applied for assistance.
2. FEMA Registration: Applicant's registration number.
3. Date: The date form is prepared.
4. Applicant Name: This should be the name of the applicant as shown during registration.
5. Phone No.: This should be the current phone number the applicant can be reached at.

Part B - Applicants Primary Address

1. Actual address of the damaged property.
2. City:
3. State:
4. County:
5. Zip Code:

Part C - Eligibility Information

1- Eligibility Criteria

- A - If the applicant is the owner place an "X" in the yes box; if not place the "X" in the "no" box.
- B - If this was the applicant's primary residence before the disaster place an "X" in the yes box; if not place the "X" on the "no" box.
- C - If the primary residence was verified as destroyed place an "X" in the "yes" box; if not place the "X" in the "no" box.

2-NEMIS Code

Place an "X" in the appropriate box, if the information for this box does not apply place an "X" in the "N/A" box

Part D - Assistance Determination

1-Assistance Received as of Date

- A-D: Enter the amount of assistance received for each category of assistance for boxes "A-D". Enter "0" if the applicant received no assistance in that category.
- E - Enter the total amount received in box "E".
- F - Enter the SBA Loan Status:
- G - Enter the amount of the loan approved from SBA for real property. Enter "0" if the applicant received no assistance in that category.

2 - Assistance Available Information

- A - Enter the amount of the verified loss based on FEMA inspection.
- B - Enter the total assistance remaining under the IHP maximum minus the total shown in Part D box 1-E.
- C - Enter the amount of Replacement Assistance requested by the DFO/Region.

Part E- Signatures

Each box must be signed and dated prior to forwarding to the HQ Recovery Division Director.