DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

READY FOR OCCUPANCY STATUS

FEDERAL EMERGENCY MANAGEMENT AGENCY *(Disaster Temporary Housing Program)* ☐ MH ☐ TT ☐ OTHER	TEMPORARY HOUSING NUMBER	CONTRACT WO NUMBER	SITE CONTROL NUMBER
APPLICANT NAME	T.H. No.	ADDRESS	

1. INSPECTION (To be completed by Direct UNIT (DHOPS)

INSTALLATION ON THE IDENTIFIED ABOVE IS COMPLETED AS FOLLOWS:

☐ Blocked ☐ Sewer Connected ☐ Permits (ele) ☐ Permit Block & Tie

☐ Steps/Ramp ☐ Electric Connected ☐ Permit (meh)

☐ Water Connected ☐ Gas Connected ☐ Permits (gas)

COMMENTS - INSTALLATION OR SITE CONDITIONS:

INSPECTOR	DATE

II. TEMPORARY WAIVER OF UTILITY INSTALLATION

Because of my emergency housing needs, I agree to occupy a unit provided by the U.S. Department of Homeland Security/Federal Emergency Management Agency without:

☐ Water Connections ☐ Electricity Connections ☐ Sewer Connections ☐ Gas Connections

As a temporary measure until such time as it is possible for DHS/FEMA to make these connections.

APPLICANT SIGNATURE	DATE	DHS/FEMA REPRESENTATIVE	DATE

TO: DIRECT HOUSING OPERATIONS (DHOPS)

Applicant will not occupy until the following utilities are connected:

☐ Sewer ☐ Electricity ☐ Permits (ele) ☐ Water ☐ Gas ☐ Permits (meh) ☐ Permits (gas)

Please notify Applicant Assistant Staff when these utilities are connected.

SIGNATURE APPLICANT ASSISTANT SPECIALIST	DATE