

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires February 28, 2021

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002). **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

AUTHORITY: FEMA collects, uses, maintains, retrieves, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Pub. L. No. 93-288, as amended (42 U.S.C. §§ 5121-5207); 6 U.S.C. §§ 776-77, 795; the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d), 7701(c)(1); the Government Performance and Results Act, Pub. L. No. 103-62, as amended; Reorganization Plan No. 3 of 1978; Executive Order 13411, "Improving Assistance for Disaster Victims," August 29, 2006; and Executive Order 12862 "Setting Customer Service Standards," September 11, 2003, as described in this notice.

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed internally within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants. FEMA collects the social security number (SSN) to verify an applicant's identity and to prevent a duplication of benefits.

ROUTINE USE(S): FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their disaster assistance files outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, including pursuant to routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013) and upon written request, by agreement or as required by law. FEMA may share the personal information of non-citizens, as described in the following Privacy Impact Assessments: DHS/FEMA/PIA-012(a) Disaster Assistance Improvement Plain (DAIP) (Nov. 16, 2012); DHS/FEMA/PIA-027 National Emergency Management Information System - Individual Assistance (NEMIS-IA) Web-based and Client-based Modules (June 29, 2012); DHS/FEMA/PIA-015 Quality Assurance Recording System (Aug. 15, 2014). FEMA may share your personal information with federal, state, tribal, local agencies and voluntary organizations to enable individuals to receive additional disaster assistance, to prevent duplicating your benefits, or for FEMA to recover disaster funds received erroneously, spent inappropriately, or through fraud.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: The disclosure of information, including the SSN, on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (<i>print</i>)	SIGNATURE	DATE OF BIRTH	DATE SIGNED
INSPECTOR ID #	FEMA APPLICATION #	DISASTER #	
ADDRESS OF DAMAGED PROPERTY	CITY	STATE	ZIP CODE



ReBUILD NC Income Verification Form

This form is required for each household member over the age of 18.

The Rebuild North Carolina Housing Recovery Program requires that income sources be verified and documented. Please read and complete the certification statement below.

Information provided in this section must include all members of the household over the age of 18 that did **not** provide a Form 1040 Tax Return. If a household member does not have any income sources, write “Zero Income” under *Income Source(s)* and “\$0” under *Estimated Total Annual Income* below. All household members attesting to income on this form must sign.

Name	Relationship to Applicant	Date of Birth	Full-Time Student?	Income Source(s) ¹	Estimated Total Annual Income ²
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$

NOTE: If you are a U.S. Citizen or resident alien, you must file a return if your gross income for the year was at least the amount required by the IRS. If you are a non-resident alien at any time during the year, the filing requirements that apply to you may be different from those that apply to U.S. citizens. If you need assistance to determine if you need to file a federal income tax return for the current tax year, go to www.irs.gov.

¹ Please list the sources of income here (e.g., paystubs, social security benefit statements, etc.) If you have no reportable income, please enter “Zero Income”.
² Please make sure to calculate the income sources as necessary to determine **annual** income (e.g., monthly statements should be multiplied by a factor of 12). If you have no reportable income, please enter “\$0”.

ACKNOWLEDGEMENT AND ATTESTATION: The undersigned expressly acknowledge that the information provided on this form by myself/us is subject to verification by HUD, the State of North Carolina and/or the Rebuild NC Program at any time. Further, I/we acknowledge that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and Program eligibility can be terminated if I/we knowingly and willingly make a false or fraudulent statement in connection with the representations made above or in connection with any other information provided to the Rebuild NC Program in connection with the application for assistance funded by the Community Development Block Grant allocated to the State of North Carolina.

NOW, in light of the acknowledgements made above, I/we knowingly affix our signature below; and by doing so, expressly certify and attest, under penalty of the law recited above or otherwise applicable, that all of the information provided in this form is true and correct according to my/our best knowledge and belief. Should I/we become, or be made, aware of the untruthfulness or inaccuracy of any of the information or the representations or information provided above, I/we will immediately notify the Rebuild NC Program and acknowledge that failure to do so may result in institution of any criminal and/or civil remedies available by law.

Damage Property Street Address

Date

Household Member or Applicant Signature

Date

Household Member or Applicant Signature

Date

Household Member or Applicant Signature

Date

Household Member or Applicant Signature

Date

Household Member or Applicant Signature

Date

Household Member or Applicant Signature

Date

Household Member or Applicant Signature



Version 3: 11/8/18

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