

(insert the month/ day, and year you are writing the letter here)

Via U.S. Mail and Facsimile
FEMA – Individuals & Households Program
National Processing Service Center
P.O. Box 10055
Hyattsville, MD 20782-7055
Fax No.: 1-800-827-8112

Subject: Appeal of Denial of Benefits
FEMA Registration Number (Insert your personal registration number here.)
FEMA Disaster Number (Insert your state disaster number here)

To Whom It May Concern:

I am writing to appeal your decision about the amount and type of assistance I should receive in your letter dated (insert the month/ day, and year listed on the FEMA decision letter.) I think your decision is wrong and that my application should be reviewed again.

I think your decision is wrong because _____

(In this section, explain why you believe FEMA made a bad decision in your case. For legal assistance, you should contact one of the organizations listed in the "You Have Rights" section of this manual. Remember that you have 60 days from the date on FEMA's letter to request that FEMA review your application again.)

FEMA Appeal Letter

(Insert your personal registration number here)

(Insert your state disaster number here)

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You may reach me about this request for another review of my application for assistance at the phone number and address listed below.

Sincerely,

(Your signature here)

(Your name written here)