

**Name:**  
**Social Security Number: xxx-xx-xxxx**  
**Birth date:**  
**Pre-Disaster Address:**

**Disaster Number: 4277**  
**FEMA ID Number: xxxxxxxxx**

**Date:**

FEMA  
National Processing Service Center  
P.O. Box 10055  
Hyattsville, MD 20782-7055  
Or: FAX #: 800-827-8112 (Attention: FEMA)

## **APPEAL OF DENIAL OF ASSISTANCE**

### **Applicant Contact Information:**

**Name:**  
**Current Address:**  
**Telephone:**  
**Alternate Telephone:**  
**E-mail:**

Dear FEMA Appeals Officer:

By this letter I am appealing FEMA's decision on my application for assistance. Enclosed is a copy of FEMA's eligibility notification letter, dated \_\_\_\_\_, and the FEMA cover sheet (with bar code).

I had the following interactions with FEMA (including visits from inspectors, conversations with FEMA representatives and correspondence with FEMA) on the following dates:

I was awarded \$0.00 to cover, shelter, property damage, personal property.

FEMA gave the following reasons for its decision:

Referral to SBA to cover other than housing needs: If you are applying for other than housing needs and have not applied to the Small Business Administration (SBA) for a loan, FEMA will automatically deny your application until you do so – even if you are not a small business. If you are low-income FEMA gave the following reasons for its decision:(for example, your only income is public assistance or SSI), you may be able to resolve the issue without a formal appeal by calling the FEMA Service Center at 800-621-FEMA to explain your circumstances.

I believe FEMA made this determination in error because:

Additionally, FEMA did not take into account the following damages or expenses resulting from the disaster.

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Describe Damage to personal property (not covered or replaced by renters insurance, public benefits, or private charities):

Describe Damage to home (not covered by insurance or private charities):

Describe cost of temporary or permanent relocation not covered by private charities or housing assistance

Describe any medical expenses not covered by Medicaid or private insurance

¶ Describe additional receipts, photos, bids for repair, insurance denials or other documents you will enclose in support of your claim, Enter one per line

Amount of award does not provide adequate resources to restore my home to livable conditions.

Three quotes received, see below:

Name of Contractor	License #	Quote
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I reserve the right to supplement this appeal, including after I receive information from my FEMA file, which I am formally requesting with the submission of this appeal. Thank you for your consideration. If you have any questions or need additional information, please do not hesitate to contact me at the phone number provided above.

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Sincerely,

Signature:	Printed Name:
Date:	