

Name: \_\_\_\_\_

Disaster Number: 4085

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_

FEMA ID Number: \_\_\_\_\_

Pre-Disaster Address: \_\_\_\_\_

Date:

FEMA – Appeals Officer  
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 \$ \_\_\_\_\_ to cover \_\_\_\_\_.  
FEMA gave the following reasons for its decision: \_\_\_\_\_.  
I believe FEMA made this determination in error because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form was created for use by pro se claimants by the City Bar Justice Center, 42 West 44 Street, NY, NY 10036. This form is being distributed free of charge for people without lawyers. If you have a lawyer, you should review your appeal with your lawyer rather than using this form. 12/12/12

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Pre-Disaster Address: \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Costs of temporary or permanent relocation (not covered by private charities or housing assistance):

\_\_\_\_\_

Other (including medical expenses not covered by Medicaid or private insurance):

\_\_\_\_\_

Enclosed are copies of additional receipts, photos, bids for repair, insurance denials, or other documents in support of my claim:

- Document 1: \_\_\_\_\_
- Document 2: \_\_\_\_\_
- Document 3: \_\_\_\_\_
- Document 4: \_\_\_\_\_
- Additional documents are listed on an attached piece of paper [ ]

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:	