Fax

|  |  |  |  |
| --- | --- | --- | --- |
| To: | FEMA Individuals and Households Program | From: | Applicant First M. Last |
| Fax: | 800-827-8112 | Fax: | 606-###-#### |
| Phone: | 800-621-3362 | Phone: | 606-###-#### |
| Subject: | Housing Assistance Appeal Letter | Date: | Month Day, 2025 |

|  |  |
| --- | --- |
| No. Pages: | \_\_\_\_ (Including Cover Sheet) |

# Comments:

**Applicant Name:**  Applicant First M. Last

**FEMA Registration No.:**  6########

**Disaster No.:**  DR-4860-KY (Kentucky Severe Storms, Straight-line Winds, Flooding, Landslides, and Mudslides)

**Pre-disaster Address:**  Physical address, City, County, KY Zip

**Post-disaster Address:**  Physical address, City, County, KY Zip

**Mailing Address:**  Mailing address, City, County, KY Zip

**Applicant Phone No.:** 606-###-####

**Date of Appeal:**  Month Day, 2025

**Attachments**:

1. Signed Release of Information Form
2. Housing Assistance Appeal Letter
3. Statement of Homeowners Insurance
4. Homeowners Insurance Denial Letter
5. Homeowners Insurance Declaration Pages
6. Homeowners Insurance Settlement Check Copy

A data cover sheet with red and white text

AI-generated content may be incorrect.

**A close-up of a warning

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**Insert signed FEMA Release of Information pages (2)**

FEMA Release of Information form:

<https://www.fema.gov/sites/default/files/documents/fema_form_ff-104-fy-21-118.pdf>

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**Date of Appeal:**  Month Day, 2025

**HOUSING ASSISTANCE APPEAL LETTER**

FEMA,

I, Applicant First M. Last, am appealing the amount/denial that I received for FEMA Housing Assistance, requesting a waiver of the 60-day appeal window, if applicable, and requesting an **additional in-person home inspection**.

I am requesting a waiver of the 60-day appeal window, if applicable, because I retained an attorney for assistance with my FEMA appeal and/or have been under significant stress working through the disaster recovery process.

I am requesting an in-person home inspection because I do not have adequate cell phone service for a remote/virtual damage assessment.

My primary residence was damaged on or about February 14, 2025 by DR-4860-KY (Kentucky Severe Storms, Straight-line Winds, Flooding, Landslides, and Mudslides).I am appealing the decision I received regarding my application for FEMA Housing Assistance.

I have enclosed supporting documentation with my appeal letter.

Please reconsider me for the maximum amount of Housing Assistance available to help me repair/replace my home to a safe, sanitary, and habitable condition. Please waive the 60-day appeal window, if applicable, and provide an additional in-person home inspection.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR ELECTRONIC SIGNATURE:**

**/s/ *Applicant First M. Last***

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**Date of Appeal:**  Month Day, 2025

**STATEMENT DECLARING I DID HAVE HOMEOWNERS INSURANCE COVERAGE**

**AT THE TIME OF THE DISASTER**

I, Applicant First M. Last, did have homeowners insurance at the time of DR-4860-KY (Kentucky Severe Storms, Straight-line Winds, Flooding, Landslides, and Mudslides).

1. No insurance payment:

My homeowners insurance has refused to pay any money for the damage to my home and property because I did not have flood insurance. I have attached my homeowners insurance denial letter.

**OR**

1. Some insurance payment:

My homeowners insurance has offered me a settlement check in the amount of $0.00 to pay for the damage to my home. This amount does not cover the replacement cost of all damages to my home and essential personal property that was destroyed or needs repair due to DR-4860-KY. I have attached a copy of my homeowners insurance settlement check.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR ELECTRONIC SIGNATURE:**

**/s/ *Applicant First M. Last***

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**Insert homeowners insurance documents here**

Example:

1. Homeowners Insurance Denial Letter
2. Homeowners Insurance Declaration Pages
3. Homeowners Insurance Settlement Check Copy

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**FINAL PAGE OF APPEAL**

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