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 No Homeowners Insurance

A data cover sheet with red and white text

AI-generated content may be incorrect.

**A close-up of a warning

AI-generated content may be incorrect.**

**Remove this page before submitting**

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

**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.

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***

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

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

**STATEMENT DECLARING I DID NOT HAVE HOMEOWNERS INSURANCE COVERAGE**

**AT THE TIME OF THE DISASTER**

I, Applicant First M. Last, did **not** have homeowners insurance at the time of DR-4860-KY (Kentucky Severe Storms, Straight-line Winds, Flooding, Landslides, and Mudslides).

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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**FINAL PAGE OF APPEAL**

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