

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**DIRECT HOUSING UNIT SALES INQUIRY/NOTIFICATION**

FEMA - DR - \_\_\_\_\_ - \_\_\_\_\_  
 (DR No.) (State)

**APPLICANT INFORMATION**

<b>PART A</b>	NAME OF APPLICANT/PURCHASER		REGISTRATION NO.:				
	PRE-DISASTER ADDRESS						
	SITE ADDRESS						
	HOUSING UNIT SALES PRICE		HOUSING UNIT NUMBER				
	\$		VEHICLE IDENTIFICATION NUMBER	UNIT BAR CODE			
SITE DEVELOPMENT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		TOWING REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		SET-UP REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		SITE IS LOCATED IN FLOODPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO	

**INDIVIDUALS AND HOUSEHOLDS PROGRAM**

<b>PART B</b>	Real Property Award Amount (HA)	\$
	Personal Property Award Amount (ONA)	\$
	Amount Spent on Site Related Costs	\$
	Miscellaneous Allowable Deductions	\$
	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

**SMALL BUSINESS ADMINISTRATION**

<b>PART C</b>	Loan Approved <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, take to SBA for review. If No, skip to Part D	LOAN NUMBER:
	Potential Duplication of Benefits with SBA.	\$
	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

**DHS/FEMA HOUSING UNIT SALES OFFICE**

<b>PART D</b>	Final Sales Price	\$
	Potential Duplication of Benefits with IHP	\$
	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

Sales Terminated:     Withdrawn by Applicant     Sale Disapproved

Date Terminated:    \_\_\_\_\_

COMMENTS: