Applicant Name:
FEMA Application No.:
Disaster No.:
Pre-disaster Address:
Post-disaster Address:
Mailing Address:
Applicant Phone No.:
Date of Appeal:

MOVING/STORAGE ASSISTANCE APPEAL LETTER

To Whom it May Concern,

I, [*applicant name*], am appealing the [*"award amount" or "denial"*] that I received dated [*date of denial or award letter*] for FEMA Moving/Storage Assistance

[*If submitting moving expenses*] **I do not have the financial resources necessary to move my essential personal property while repairs are made to my primary residence. I am requesting assistance from FEMA to cover this financial shortfall and allow me to move my property to prevent further damage.**

[*If submitting storage expenses*] **I do not have the financial resources necessary to temporarily store my essential personal property while repairs are made to my primary residence. I am requesting assistance from FEMA to cover this financial shortfall and allow me to store my property while repairs are made to my primary residence.**

I am requesting a waiver of the 60-day appeal window, if applicable, because [*briefly explain why your appeal was late, for example, "I was experiencing disaster-related hardship..."*].

I am requesting that a copy of my complete FEMA file be released and mailed to my current mailing address at [*mailing address*].

[I*f FEMA inspection did not record home as uninhabitable, state: "I am also requesting an additional in-person FEMA inspection of my home."*]

I. CONDITIONS QUALIFYING FOR MOVING/STORAGE ASSISTANCE

My primary residence was rendered uninhabitable on or about [*date of disaster damage or incident start date*] by [*"DR-4856-CA – California Wildfires and Straight-line Winds disaster" or other Presidentially declared disaster number and name*].

I am requesting that FEMA award me financial assistance that is necessary to temporarily store **essential personal property and household goods** to prevent further damage until my primary residence is repaired and I can return, or until I find a new place to live and can move my belongings into my new primary residence. I have

Applicant Name:
FEMA Application No.:
Disaster No.:
Pre-disaster Address:
Post-disaster Address:
Mailing Address:
Applicant Phone No.:
Date of Appeal:

attached an inventory of the essential personal property items that I am requesting moving and storage assistance for.

I anticipate needing FEMA Moving/Storage assistance for [*months/years until residence is repaired*] while repairs are completed on my primary residence.

The costs to move and temporarily store my personal property are not covered by insurance or another source.

II. ITEMIZED LIST OF MOVING AND/OR STORAGE EXPENSES

I incurred eligible moving and/or storage expenses for the following items and amounts.

1) Costs for commercial moving labor: $0.00
2) Moving truck rental fee: $0.00
3) Fuel for the rental vehicle: $0.00
4) Costs for tape and boxes: $0.00
5) Commercial storage unit fees, including self-storage: $0.00
6) Associated sales taxes: $0.00 OR included in the above amounts.

Eligible Moving and Storage Expenses total: $0.00

III. INSURANCE COVERAGE STATEMENT

I have received a total of [s*ettlement award amount or "$0.00"*] in insurance coverage from [*name of insurance company, or write "insurance" if no coverage*]. This amount does not fully cover the costs of [*"moving" and/or "temporarily store"*] my essential property.

[*if not insured*] I do not have any insurance policy that would cover the expense of moving and/or storing my essential property.

IV. REQUEST FOR RELEASE OF COMPLETE FEMA FILE

I request that FEMA release a complete copy of my FEMA file and mail that copy to my current mailing address at [*mailing address*].

Applicant Name:
FEMA Application No.:
Disaster No.:
Pre-disaster Address:
Post-disaster Address:
Mailing Address:
Applicant Phone No.:
Date of Appeal:

V. SUPPORTING DOCUMENTATION

I have attached the following supporting documents to this appeal:

[*list names of all attached documents. See "Required Documentation" on IAPPG pg. 163*]

[*If submitting moving expenses*] **Please approve my appeal for the maximum amount of assistance from FEMA to allow me to move my essential property to prevent further damage.**

[*If submitting storage expenses*] **Please approve my appeal for the maximum amount of assistance from FEMA to allow me to store my essential property while repairs are made to my primary residence.**

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Sincerely,

[*applicant name*]

Applicant Name:
FEMA Application No.:
Disaster NO.:
Pre-disaster Address:
Post-disaster Address:
Mailing Address:
Applicant Phone No.:
Date of Appeal:

ESSENTIAL PERSONAL PROPERTY INVENTORY

Disaster-Damaged Item Description	Quantity		Disaster-Damaged Item Description	Quantity
Living Room			**Kitchen**	
Coffee Table			2’ x 4’ Area Rug	
Lamp (1 Floor, 1 Table)			3’ x 4’ Mini-Blind Set	
Upholstered 8’ Sofa			Blender	
Upholstered Chair			Broom	
Bedroom			Can Opener (Electric)	
18” x 48” Mirror			Coffee Maker	
4 Drawer Chest			Cooking Utensils (Miscellaneous)	
4’ x 5’ Mini-Blind Set			Dinnerware (Service for 8)	
Bed – Frame/Found/Mattress			Dish Rack and Drainer	
Bedspread			Dishtowels and Potholders (4 pieces)	
Blanket			Fire Extinguisher (9 lb.)	
Lamp			Flatware (Service for 8)	
Nightstand			Fork (Meat)	
Sheet Set			Glassware (Service for 8)	
Standard Pillow			Knife Set (7 Pieces)	
Bathroom			Mixer (Handheld)	
3’ x 4’ Mini-Blind Set			Mixing Bowl Set (4 pieces)	
Panel Shower Curtain			Mop and Bucket	
Set of Personal Brushes, Combs, ($50 Hygiene Allowance)			Pots and Pans with Lids Set (8 pieces)	
Set of Personal Hygiene Items ($50 Hygiene Allowance)			Spatula	
Shower Rod			Spoon (Cooking)	
Towels (1) 4-Piece Towel Set			Toaster (2 Slots)	
Tub Mat			Trash Can	
Trash Can			Whisk	
Dining Room			**Essential Tools**	
Dining Table and Chairs (4 Person)			Computer (Essential)	
			School Books/Supplies	
			Uniforms	

Chart Created with resources from AppalReD Legal Aid

Applicant Name:
FEMA Application No.:
Disaster NO.:
Pre-disaster Address:
Post-disaster Address:
Mailing Address:
Applicant Phone No.:
Date of Appeal:

ESSENTIAL PERSONAL PROPERTY INVENTORY, CONT.

Disaster-Damaged Item Description	Quantity		Disaster-Damaged Item Description	Quantity
Personal Property (Previously Owned)			**Heat Source (Previously Owned)**	
Air Conditioner** 1:1 ratio			Coal (Up to 1 Ton)	
Appliance Service Call			Wood (Up to 1 Cord)	
Carbon Monoxide Detector*			Kerosene (Up to 200 Gallons)	
Chainsaw*			Oil (Up to 200 Gallons)	
Child Car Seat** 1:1 ratio			Pellets (Up to 1 Ton)	
Clothing** 1:1 ratio			Propane (Up to 200 Gallons)	
Dehumidifier*			**Miscellaneous/Other**	
Dryer			Carbon Monoxide Detector*	
Electric Fan** 1:1 ratio			Chainsaw*	
Freezer			Dehumidifier*	
Generator*			Generator *	
Highchair** 1:1 ratio			Humidifier*	
Humidifier*			Smoke Detector (1 per damaged floor)	
Infant Crib** 1:1 ratio			Weather Radio*	
Infant Stroller** 1:1 ratio			**Americans with Disabilities Act (Previously Owned)**	
Microwave			ADA Accessible Bed	
Playpen			ADA Accessible Computer	
Radio			ADA Accessible Raised Toilet Seat	
Range/Oven			ADA Accessible Refrigerator	
Refrigerator			ADA Accessible Washer	
Space Heater** 1:1 ratio			ADA Flashing Fire Alarm (per floor/bedroom)	
Telephone			ADA Shower Chair	
Television			ADA TTY/TDY Telephone	
Toys** 1:1 ratio			ADA Walker	
Twin bed** 1:1 ratio			ADA Wheelchair	
Vacuum				
Washer				
Weather Radio*				

Chart Created with resources from AppalReD Legal Aid