

DISASTER ASSISTANCE APPLICATION

DEM - 131

Application Identifier: State Number: _____
Federal Disaster Number: _____

Federal Catalog Number: 97.036 Title: **Public Assistance Grants**

Declaration Date:

Applicant's FEMA Project Application Number:

Legal Applicant Recipient:

Applicant's Name: _____

Street Address: _____

Mailing Address: _____

County: _____

City: _____

State: _____

Zip Code: _____

Applicant Agent:

Name: _____

Title: _____

Signature: _____

Contact Information:

Phone: _____

Fax: _____

E-mail: _____

Date: _____

Alternate Applicant Agent:

Name: _____

Title: _____

Signature: _____

Phone: _____

Fax: _____

E-mail: _____

Date: _____

Type of Applicant:

A - State

B - County

C - City

D - School District

E - Special Purpose District

F - Higher Educational Institution

G - Indian Tribe

H - Private NonProfit

I - Other (Specify) _____

Enter Appropriate Letter _____

Congressional District Number: _____

State Legislative District Number: _____

Governor's Authorized Representative:

Signature _____

Date: _____

NOTE: Shaded blocks for WA EMD use.