

**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.