



To be eligible for compensation from the September 11th Victim Compensation Fund (“VCF”), an individual must prove that he or she was present in an area affected by the 9/11 attacks at some point between September 11, 2001, and May 30, 2002. **This form is for individuals who are filing a claim with the VCF and want to provide additional details about their presence in one of the areas.** This form is optional – you are **not** required to submit this form as part of your claim. This form may be helpful, however, if you have additional information about your presence that is not already provided as part of your claim form responses or in your other supporting documents.

If you are not submitting this form for your own claim, but are instead submitting a statement in support of someone else’s claim, please do not use this form. You should instead complete and submit the “Witness Presence Statement” found on the VCF website.

You may not use this form to give answers in a language other than English. If you would like to answer the questions in a language other than English, you may have these questions translated in your preferred language, and you may write your answers in that language. If you do submit the form in another language, we need all of the following: (1) the written translation of the questions, with your answers; (2) a certified English translation of the questions and answers; and (3) a certification signed by the translator that includes: (a) a statement that the translator is competent to translate the document, and that the translation is true and accurate to the best of the translator’s abilities; and (b) the translator’s address and phone number.

**Please complete this form in its entirety, being sure to answer all of the questions.** You may include additional pages if needed in order to answer the questions. Please be as detailed as possible about specific locations and activities. Submitting vague answers, or referring to the entire date range from September 11, 2001, to May 30, 2002, may cause a delay in processing your claim. Also, the location “Ground Zero” has many meanings for people, so try to be as specific as possible about your exact location(s).

The areas affected by the 9/11 attacks are: (1) the site where the World Trade Center once stood and the surrounding area (see page 2 for a map of the surrounding area); (2) routes through New York City that were used to remove debris from the World Trade Center site as well as the Fresh Kills Landfill in Staten Island; (3) the Pentagon crash site; and (4) the Shanksville, Pennsylvania crash site.

### **Who do I call if I have questions while completing this form?**

If you have questions about how to complete this form, or you don’t understand one of the questions, please call the VCF Helpline at 1-855-885-1555.

### **Where do I send my form?**

Return the completed form to the individual who gave it to you, or mail it directly to the VCF at the address below. Because this form is a legal document, you should keep a copy of the completed form for your own records.

September 11th Victim Compensation Fund  
P.O. Box 34500  
Washington, D.C. 20043



### Information about the Geographic Area in New York City Covered by the VCF

The Presence Statement asks about the specific area of New York City in Manhattan that is south of the line that runs along Canal Street from the Hudson River to the intersection of Canal Street and East Broadway, north on East Broadway to Clinton Street, and east on Clinton Street to the East River (the map below shows this area); and any area related to or along the routes of debris removal, such as barges and the Fresh Kills landfill in Staten Island.





Before completing this form, please carefully review the instructions. The instructions can be found under "Forms and Resources" on the [www.vcf.gov](http://www.vcf.gov) website.

**Your Full Legal Name:**

First Name Middle Name Last Name

**Maiden Name or Other Names:**

**VCF Number:** VCF (Input the 7 numbers after VCF)

**Phone Number:**

+  
United States Phone Number International Phone Number International City, Country

This should be the best number to reach you during daytime hours. Include area code and country code where applicable.

**Presence in a 9/11 Area**

**1. Between September 11, 2001, and May 30, 2002, where were you present?**

Select all that apply:

**At the site where the World Trade Center once stood and the surrounding area** (see page 2 of the Instructions for a definition of the surrounding area and a map);

**On routes through New York City that were used to remove debris from the World Trade Center site or the Fresh Kills Landfill in Staten Island;**

**The Pentagon crash site; or**

**The Shanksville, Pennsylvania crash site.**

**2. What were you doing in the area?** For example, did you participate in the rescue or clean-up efforts? Was your office located there? Did you live or go to school there? Be as specific and detailed as possible in describing your activities in the area. If you were in more than one area, please describe your activities in each area separately. If you write that you were at "Ground Zero," please be as specific as possible about the exact location. The location "Ground Zero" has different meanings to different people, so we need more specific information about your location.

**3. Where specifically were you located?** If you don't know the exact address, what were the cross streets or the closest landmark? If you were present at more than one address, please list all of the addresses, cross streets, or landmarks.



- 4. When were you there? On what specific dates were you in the area?** If you were there more than once, list all the dates. If you don't remember the exact dates, what months or seasons were you there? If you were at more than one site, please list the dates for each site separately.
- 5. Who saw you there? If no one saw you, did you tell anyone else about being there?** If so, list their names and relationship to you. Have you asked them to submit a Witness Presence Statement (see "Forms and Resources" at [www.vcf.gov](http://www.vcf.gov)) in support of your claim? If not, why not?
- 6. What do you remember about being there at that time?** Provide as much detail as possible, including sights, sounds, and smells.

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**Documents to Support Presence in a 9/11 Area**

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- 7. Did you submit any documents to the VCF to support your presence?** Yes No
- a. If you did submit documentation, what did you submit?** Provide details about the types of documents, how you obtained them, and why they support your claim.



**b. If you don't have documentation to support your presence, please explain.** Did you attempt to get documentation? If so, from whom, and why were you not able to get it? Did you have documents but they were destroyed? Please describe your efforts to get documents in support of your claim and why they were not successful.

**8. Have you filed a claim with another entity in relation to your presence in a 9/11 area?** For example, are you enrolled the World Trade Center Health Program, did you file a workers' compensation claim, or did you file for assistance from FEMA or the Red Cross or another charity for which you had to show where you were and when you were there? If so, did you submit documentation to show you were in the impacted area in support of that claim? What was that documentation and have you also submitted it to the VCF? If not, could you submit it now?

**9. Is there any other information you think the VCF should know about where you were between September 11, 2001 and May 30, 2002, and when and why you were there?** If so, please include that information below.



**If someone helped you fill out this form, or filled out part of the form for you, list that person's name here: \_\_\_\_\_.**

**I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.**

*Please note – the VCF does not accept electronic signatures. If you received this form electronically, you must print the signature page and sign by hand.*

*You do not need to have this form notarized.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Printed Full Name

*If you are including additional pages with this form, please be sure your name and VCF claim number are included at the top of each page.*