



**LOW-INCOME HOUSING TAX CREDIT PROGRAM  
DISPLACED INDIVIDUALS CERTIFICATION**

I, \_\_\_\_\_, hereby certify that:

1. My household was displaced as a result of a Major Disaster;
2. The address listed below was my principal residence at the time of the Major Disaster and is in an area designated as eligible for Individual Assistance by the Federal Emergency Management Agency (“FEMA”) due to the Major Disaster. The affected address is:  
  
\_\_\_\_\_

3. The Displaced Individual(s) in my household and their Social Security Numbers are:

_____	_____	_____	_____
Name	Social Security Number	Name	Social Security Number
_____	_____	_____	_____
Name	Social Security Number	Name	Social Security Number
_____	_____	_____	_____
Name	Social Security Number	Name	Social Security Number

4. I understand that the housing assistance being offered to me is temporary and will terminate on or before October 31, 2025, and that, if my household chooses to remain in the unit after the end of the temporary housing assistance period, all household members will be expected to be certified as eligible under the Low-Income Housing Tax Credit Program. If my household is not eligible, I/we will promptly vacate the unit.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I understand that providing false representations herein constitutes an act of fraud and Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any manner within the jurisdiction of a federal agency. Further, false, misleading or incomplete information may result in termination of tenancy.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNED NAME

**MANAGEMENT USE ONLY**

Date Occupancy Began: \_\_\_\_\_

Date Occupancy Ended: \_\_\_\_\_

Unit #/Address Occupied: \_\_\_\_\_