



Displaced Household Certification

I, _____, the representative of the "Eligible Household" applying for temporary housing assistance due to the Major Disaster that affected my residence at the address of _____, hereby certify that:

1. My household was displaced as a result of a Major Disaster event, as declared by the President, in an area designated by FEMA as eligible for Individual Assistance.
2. The address listed above is/was my primary place of residence at the time of the Major Disaster.
3. I understand that the housing assistance being offered to me is temporary and will end no later than August 31, 2022.
4. I understand 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 Credit program and, that if my household is not eligible, I 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 further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of tenancy.

SIGNATURE

DATE

Print Name _____

Household Unit to be occupied: _____

FOR MANAGEMENT USE ONLY

Date Occupancy Began: _____

Date Occupancy Actually Ended: _____

WARNING: 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.