

Affidavit of Displacement

(To be completed by adult household members only)

Household Name _____ Unit # _____
Project Name _____

Under penalty of perjury, I certify that I am an individual displaced because of damage to my home located in a county or state that FEMA has declared eligible for the Individual Assistance Program.

1. Tenant Name _____

Address of Damaged Residence _____

City _____

County _____ State: _____

Social Security Number (last 4) _____

2. Tenant Name _____

Address of Damaged Residence _____

City _____

County _____ State: _____

Social Security Number (last 4) _____

3. Tenant Name _____

Address of Damaged Residence _____

City _____

County _____ State: _____

Social Security Number (last 4) _____

4. Tenant Name _____

Address of Damaged Residence _____

City _____

County _____ State: _____

Social Security Number (last 4) _____

The undersigned further states that the information presented in this certification is true and accurate to the best of their knowledge and understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

	Signature of Tenant	Printed Name of Tenant	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

This section shall be completed and executed by management.

Date	
Temporary Occupancy Began:	Temporary Housing Period Shall Not Extend Beyond:
_____	_____
_____	_____

I certify that the occupancy dates stated immediately above are true and accurate. This affidavit shall be retained by the owner as part of tenant documentation for at least 6 years after the due date (with extensions) for filing the federal income tax return for the applicable years.

Signature of Owner/Agent Printed Name of Owner/Representative Date