

Affidavit of Displacement

(To be completed by adult household members only)

| Under penalty of perjury, I certify that I am an individual displaced because of damage to my home located in a county or state the FEMA has declared eligible for the Individual Assistance Program. 1. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) 2. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) 3. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) 4. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) 4. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) 4. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) 4. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) 4. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) 4. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) 4. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) 4. Tenant Name Address of Damaged Residence City County Social Security Number (last 4) | Household Name | |
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| Temporary Occupancy Began: Temporary Housing Period Shall Not Extend Beyond: | Temporary Occupancy Began: | II Not Extend Beyond: |
| I certify that the occupancy dates stated immediately above are true and accurate. This affidavit shall be retained by the owner a tenant documentation for at least 6 years after the due date (with extensions) for filing the federal income tax return for the app years. | tenant documentation for at least 6 years af | |
| Signature of Owner/Agent Printed Name of Owner/Representative Date | ignature of Owner/Agent | Date |

Revised 5/31/2024