



Move-in Date: \_\_\_\_\_

**PROJECT DATA**

Project Name: \_\_\_\_\_ City: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

**Physical Address of Damaged or Destroyed Home of Displaced Household**

Address: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Apartment # \_\_\_\_\_ City: \_\_\_\_\_

County Name

Tribal Land

**HOUSEHOLD COMPOSITION**

| HH Mbr # | Last Name | First Name & Middle Initial | Relationship to Head of Household | Date of Birth (MM/DD/YYYY) | Last 4 digits of Social Security or Alien Reg. No. |
|----------|-----------|-----------------------------|-----------------------------------|----------------------------|--|
| 1        |           |                             | HEAD                              |                            |  |
| 2        |           |                             |                                   |                            |  |
| 3        |           |                             |                                   |                            |  |
| 4        |           |                             |                                   |                            |  |
| 5        |           |                             |                                   |                            |  |
| 6        |           |                             |                                   |                            |  |
| 7        |           |                             |                                   |                            |  |
| 8        |           |                             |                                   |                            |  |

**HOUSEHOLD CERTIFICATION & SIGNATURES**

Under penalties of perjury, I/we certify that I/we have been affected by the November 2021 flooding and mudslides and have been displaced from my/our home as a result. I/we further certify that the representations made in this DISPLACED HOUSEHOLD CERTIFICATION are true and accurate to the best of my/our knowledge and belief. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

| HH Mbr # | Last Name | First Name & Middle Initial | Signature | Date |
|----------|-----------|-----------------------------|-----------|------|
| 1        |           |                             |           |      |
| 2        |           |                             |           |      |
| 3        |           |                             |           |      |
| 4        |           |                             |           |      |
| 5        |           |                             |           |      |



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PROJECT OWNER CERTIFICATION & SIGNATURE

I, \_\_\_\_\_, agent for the Project named above, hereby state that the above-listed individuals began temporary occupancy on \_\_\_\_\_ and they have been advised this temporary housing will end as of January 31, 2023, and have been provided a copy of this certification. I have also explained the new move-in certification process to these individuals should they decide to remain after expiration of this certification.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Project Representative

\_\_\_\_\_  
Printed Name of Project Representative

\_\_\_\_\_  
Position/Title of Project Representative

NOTICE TO HOUSEHOLD:

This certification is temporary and will expire as of the date noted above. Upon expiration, any households who have decided to reside permanently in their tax credit unit must be income-certified as a new move-in, and must execute a new lease with a minimum six-month term.

(If necessary, use additional copies of this form for additional displaced household members.)