

Affidavit of Displacement
(For Use Only by Households Displaced in a Presidentially Declared Disaster Area)
(To be completed by adult household members only)

Household Name _____ Unit _____
Property Name _____

Under penalty of perjury, I certify that I am an individual displaced because of damage to my home located in an area designated for Individual Assistance by FEMA as a result of flooding or other damage:

1. Tenant Name _____
Prior Address _____
Social Security Number _____
2. Tenant Name _____
Prior Address _____
Social Security Number _____
3. Tenant Name _____
Prior Address _____
Social Security Number _____
4. Tenant Name _____
Prior Address _____
Social Security Number _____

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 and prosecution.

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

This section shall be completed and executed by management.

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