

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

Displaced Household Certification

I, _____, _____ - _____ - _____ (representing the "eligible household"), applying for temporary housing assistance at _____ on _____ due to _____ (the "Major Disaster"), which affected my residence at _____, hereby certify that:

- 1. My household was displaced as a result of the Major Disaster listed above.
2. The affected address listed above is/was my primary place of residence.
3. The affected address is located in a city, county, or local jurisdiction that is covered by the President's declaration of the Major Disaster and that is designated as eligible for Individual Assistance from FEMA because of the Major Disaster.
4. I understand that the housing assistance being offered to me is temporary and will end no later than _____ (12 months from _____, when the President declared the Major Disaster).
5. I understand that if my household chooses to remain in the unit after _____, the end of temporary housing assistance period, that all household members will be expected to be certified as eligible under the Housing Tax Credit program and/or the Tax Exempt Bond 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. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of tenancy.

All the foregoing statements, as well as the date, signature and identifying information of the signer and the Management Agent that follows are HEREBY CERTIFIED as true and accurate this _____ day of _____, 20_____.

Management Agent: _____

By: Signature: _____

Print Name: _____

_____ Household

Unit to be occupied: _____

For Management Use:
Date Occupancy Began: _____

Date Occupancy Actually Ended: _____