

## ***Displaced Household Certification***

I, \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (representing the  
*Name Social Security Number*

“eligible household”), am applying for temporary housing assistance at

\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ due to the  
*Name of Property Month Day Year*

presidentially declared federal weather disaster for areas in the Commonwealth of Kentucky affected by severe storms, straight-line winds, flooding, and tornadoes beginning on December 10, 2021 and continuing which affected my residence at \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, hereby certify that:  
*Address and Unit Number County City State*

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 December 31, 2022.
5. I understand that if my household chooses to remain in the unit after the end of the temporary housing assistance period, 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: \_\_\_\_\_

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**FOR MANAGEMENT USE ONLY**

Date Occupancy Began: \_\_\_\_\_

Date Occupancy Actually Ended: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any manner within the jurisdiction of a federal agency.