

**Affidavit of Displacement**

(Tenant file should include one (1) affidavit for each Household Displaced by Flood Related Damage)  
 (Each adult household member should be listed on affidavit)

Household Name \_\_\_\_\_ Unit # \_\_\_\_\_  
 Project Name \_\_\_\_\_ BIN \_\_\_\_\_

Under penalty of perjury, I certify that I am an individual displaced because of damage to my home located in the major disaster area of \_\_\_\_\_ County, IN.

Address of Damaged Residence \_\_\_\_\_

FEMA # \_\_\_\_\_

- 1.) Tenant Name \_\_\_\_\_ Social Security # \_\_\_\_\_
- 2.) Tenant Name \_\_\_\_\_ Social Security # \_\_\_\_\_
- 3.) Tenant Name \_\_\_\_\_ Social Security # \_\_\_\_\_
- 4.) Tenant Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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 information constitutes fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

- 1.) Signature of Tenant \_\_\_\_\_ Date \_\_\_\_\_
- 2.) Signature of Tenant \_\_\_\_\_ Date \_\_\_\_\_
- 3.) Signature of Tenant \_\_\_\_\_ Date \_\_\_\_\_
- 4.) Signature of Tenant \_\_\_\_\_ Date \_\_\_\_\_

This section to be completed by Owner/Representative

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

Temporary Housing Period Expires: **July 9, 2012**

I certify that the occupancy dates stated above are true and accurate. This affidavit shall be retained by the owner as part of the tenant file and will be filed with the federal income tax return for the applicable year.

Signature of Owner/Representative \_\_\_\_\_ Date \_\_\_\_\_

