Indiana Housing & Community Development Authority

Affidavit of Displacement

Tenant file must include an affidavit for each household displaced by the August 2026 storms, winds, and floods. Each adult household member must 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 _____

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 Affidavit 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: AUGUST 31, 2027

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 _____