Affidavit of Displacement and Certification of Need ("Affidavit")

Disaster Response Form #2a

Complete only one affidavit per household displaced by disaster related damage. Each adult household member (18 years old or older) should be listed and sign the Affidavit.

Submit the following by clicking here

- **Completed affidavit**
- **A copy of a photo ID for each adult household member**
- **Proof of address of disaster affected home (example –utility bill, benefit letter, bank statement)**

Head of Household Name _____

Phone Number _____

Alternate Phone _____

E-mail Address _____

Address of Disaster-affected Home _____

_____

Owned ☐ Rented ☐

1. I certify that I am an individual whose household was displaced because of storm or flood damage to my home located in _____ County, IN. Displaced means I am unable to stay in my home because it is unsafe or uninhabitable.

   Check all that apply to your affected home:

   - ☐ The home has been condemned.
   - ☐ A state or local official has told me it isn't safe to reside in the home.
   - ☐ There is structural damage to the home.
   - ☐ There are electrical hazards such as submerged outlets, exposed wiring.
   - ☐ Electricity is not currently available.
   - ☐ Clean, safe water is not currently available.
   - ☐ Plumbing is not currently functioning.
   - ☐ There is standing water in key living areas. Please describe:

     _____

   - ☐ The flooding caused hazardous material, such as sewage, to enter the home.
   - ☐ Damage has eliminated accessibility for a household member with disability.
   - ☐ Other situations where the household feels it is unsafe to reside in the home. Please describe:

     _____

     _____

2. I am currently staying _____.

3. My household has a household size of _____ adult(s) and _____children. Additionally, we have the following pets that need to stay with us_____.

4. I am requesting: (select **only** one)

   ☐ Application fee, security deposit and one month of rent to establish a new lease

   ☐ Immediate shelter in a hotel/motel

   I need my hotel room or rental unit to be wheelchair accessible (check if yes): ☐

5. I/We have received or will receive rental assistance or temporary housing assistance (including short-term lodging expenses such as hotels or motels).

   Yes ☐ No ☐

   What is the name of organization (other than IHCDA) providing assistance?

   _____

   Describe the assistance being provided:

   _____

   What is the name of the insurance company and agent providing coverage?

   Company: _____

   Agent: _____

   Is your insurance company providing you with temporary lodging.

   Yes ☐ No ☐

6. I/We have received no other assistance funds in the form of rental assistance or temporary housing assistance, other than any assistance identified above in paragraph 5.

7. I/We understand the IHCDA is not responsible for the acts or omissions of any landlord or hotel or the employees of either that may provide me/us lodging funded by the IHCDA.

8. I/We certify under the penalties of perjury that the information provided above is true and accurate to the best of my/our knowledge and understand that providing false information constitutes fraud. Providing false or misleading information in this Affidavit or at any time during this assistance process may result in termination of assistance and repayment of all assistance received from IHCDA.

9. I hereby authorize IHCDA to share information with the Indiana Department of Homeland Security ("IDHS"), the County Emergency Management Agency, and if applicable the Federal Emergency Management Agency ("FEMA") for purposes of tracking and ensuring there is no duplication of assistance.

10. I hereby authorize IHCDA to share information with Indiana Volunteer Organizations Active in Disaster ("VOAD") for purposes of providing information about additional resources available for disaster survivors and tracking the disaster response. This may include organizations such as the American Red Cross, United Way, Salvation Army, and other nonprofit disaster relief providers. This is optional.

Yes ☐ No ☐

All adult household members must be listed and must sign below:

1.) Applicant Name _____

Signature of Applicant _____ Date _____

2.) Applicant Name _____

Signature of Applicant _____ Date _____

3.) Applicant Name _____

Signature of Applicant _____ Date _____

4.) Applicant Name _____

Signature of Applicant _____ Date _____