## **Virginia Disaster Relief Guidance**

## **Displaced Household Certification**

		, (representing the "eligible household") am applying (property name) on
	(date) due to	(name of the "Major Disaster") which
		(address). I
	certify that:	
My hou	sehold consists of the following perso	ons (include self):
1.		SSN:
		SSN:
		SSN:
		SSN:
1.	My household was displaced as a res	esult of the Major Disaster listed above.
2.	The address listed above is/was my p	primary place of residence.
3.	The affected address listed above is located in a city, county or local jurisdiction that is covered	
		e Major Disaster and that is designated as eligible for
	Individual Assistance from FEMA bed	ecause of the Major Disaster.
4.	I understand that the housing being offered is temporary emergency housing assistance and will	
		(insert date that is 12 months from
		h is the date the President declared the Major Disaster).
5.	•	chooses to remain in the unit after the temporary emergency
		(insert expiration date of wavier), all household
		rtified as eligible under all program rules that apply to the
	property. If my household is not elig	igible, I/we will promptly vacate the unit.
Under		information in this certification is complete and accurate to the
-		·
my kno	wledge.	·
my kno		(date)
my kno	nt (Adults 18 or older)	
my kno		(date)
Applica	nt (Adults 18 or older)	
Applica		(date)
Applica	nt (Adults 18 or older)	(date)
Applica Applica	nt (Adults 18 or older)	(date)
Applica Applica Manage	nt (Adults 18 or older) nt (Adults 18 or older) ement Representative	(date)

provide temporary emergency housing relief for a Displaced Individual.

Retain a record of the VHDA approval to provide housing and this Displaced Household Certification form in the property files as both may be subject to review by VHDA and/or the Internal Revenue Service.

Submit this form to the assigned VHDA Compliance Officer.