



Wyoming Community Development Authority
"Financing Affordable Housing in Wyoming"

Displaced Household Certification

I, _____, whose Social Security Number is: ____-____-____,

Represent the eligible household applying for temporary housing assistance at,

(Name of Tax Credit Project)

On: _____
(Today's date)

Due To: FEMA DR# _____
(FEMA # and Name of Presidentially declared disaster)

Which affected my primary residence at _____
(Street Address, City, County, State, Zip Code)

I hereby certify under penalty of perjury by law that:

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 sooner than the end of the month one year from the date of declaration.
5. I understand that if my household chooses to remain in the unit after the aforementioned date, that 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 the Owner's Tenant Selection Criteria. I further understand that if my household is not eligible, my household will promptly vacate the unit.
6. I understand that the Project Owner may require all adults in my household to execute a lease.
7. I understand that I cannot continue to add household members and that all other household members will be limited to include:

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 understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of tenancy.

Applicant Signature

Date

State of _____

County of _____

This instrument was acknowledged before me on _____, by _____.

Signature of Notary _____

My commission expires: _____

Management Representative

Date

<p><u>For Management Company Use Only</u></p> <p>Move-in date: _____</p> <p>Unit to be occupied: _____</p> <p>Monthly rent amount paid by tenant: _____</p> <p>End of temporary housing period: <u>Date:</u> _____</p> <p>Actual move-out date or date household became an income qualified household: _____</p>
