

Declaration of Displacement – Hurricane Helene

For use only by individuals displaced as a result of a Presidentially-declared Major Disaster
(To be completed by individual adult members only)

Project Name: _____ Project Number: _____
 Household Last Name: _____ BIN # _____ Unit _____

Under penalty of perjury, I declare that I am displaced because of damage to my primary residence located in a city, county, or other local jurisdiction that is covered by the President’s declaration of a Major Disaster and that is designated as eligible for Individual Assistance by FEMA as a result of the above Major Disaster.

1. Individual Tenant – Full Name _____
 Prior Street Address _____
 Prior City / State / Zip _____
 Prior County _____
 Social Security Number _____
2. Individual Tenant – Full Name _____
 Prior Street Address _____
 Prior City / State / Zip _____
 Prior County _____
 Social Security Number _____
3. Individual Tenant – Full Name _____
 Prior Street Address _____
 Prior City / State / Zip _____
 Prior County _____
 Social Security Number _____
4. Individual Tenant – Full Name _____
 Prior Street Address _____
 Prior City / State / Zip _____
 Prior County _____
 Social Security Number _____

The undersigned agrees to promptly vacate the unit on or before the end of the Temporary Housing Period stated below unless the household members that remain undergo a full initial qualification for the program(s) applicable to the development and execute a Tenant Income Certification that is effective no later than the day following the end of the Temporary Housing Period (September 30, 2025). 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 representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Date Temporary Occupancy Began:

Temporary Housing Period
 Shall Not Extend Beyond:

09/30/2025

	Signature of Tenant	Printed Name of Tenant	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

This Section shall be completed and executed by management.

I certify that this declaration shall be retained by the owner as part of tenant documentation for at least 6 years after the due date (with extensions) for filing the federal income tax return for the applicable year(s).

Signature of Owner Representative

Printed Name

Date
