

## Report of Displaced Individuals – Hurricane Helene

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

In accordance with the Notice of Major Disaster Relief & Emergency Housing Relief Authorization for Displaced Individuals issued as a result of the Major Disaster Declaration issued on September 29, 2024, for certain counties in South Carolina designated as eligible for Individual Assistance, each Owner providing temporary relief to qualified Displaced Individuals must provide to SC Housing a report of Displaced Individuals. This report is to be sent after the end of the Temporary Housing Period to Compliance Monitoring at [ComplianceDepartment@schousing.com](mailto:ComplianceDepartment@schousing.com) to be received no later than October 30, 2025.

Unit Number: \_\_\_\_\_ Start of Occupancy: \_\_\_\_\_ End of Occupancy: \_\_\_\_\_  
 Head of Household – Full Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Date Unit Became Occupied by a subsequent qualified tenant: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Start of Occupancy: \_\_\_\_\_ End of Occupancy: \_\_\_\_\_  
 Head of Household – Full Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Date Unit Became Occupied by a subsequent qualified tenant: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Start of Occupancy: \_\_\_\_\_ End of Occupancy: \_\_\_\_\_  
 Head of Household – Full Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Date Unit Became Occupied by a subsequent qualified tenant: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Start of Occupancy: \_\_\_\_\_ End of Occupancy: \_\_\_\_\_  
 Head of Household – Full Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Date Unit Became Occupied by a subsequent qualified tenant: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Start of Occupancy: \_\_\_\_\_ End of Occupancy: \_\_\_\_\_  
 Head of Household – Full Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Date Unit Became Occupied by a subsequent qualified tenant: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Start of Occupancy: \_\_\_\_\_ End of Occupancy: \_\_\_\_\_  
 Head of Household – Full Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Additional Household Member Name \_\_\_\_\_  
 Date Unit Became Occupied by a subsequent qualified tenant: \_\_\_\_\_

**The Owner hereby certifies that this report is true and accurate to the best of their knowledge and understands that providing false representations herein constitutes an act of fraud. The report and any attachments are made UNDER PENALTY OF PERJURY.**

Signature of Owner Representative

Printed Name

Date

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