

## AFFIDAVIT OF DISPLACEMENT

(For Use Only by Individuals displaced from their primary residence which is or was located in an area that has been approved for Individual Assistance by FEMA as a result of a Major Disaster Declaration by the President)

(To be completed by adult household members only)

Household Name \_\_\_\_\_ Unit # \_\_\_\_\_

Development Name \_\_\_\_\_

Under penalty of perjury, I certify that I am an individual displaced from my primary residence which is or was located in an area that has been approved for Individual Assistance by FEMA as a result of a Major Disaster Declaration by the President.

	Tenant Name	Prior Address (please include county)	Social Security Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

The undersigned further states that the information presented in this Affidavit 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.

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

---

**THIS SECTION SHALL BE COMPLETED AND EXECUTED BY OWNER / AGENT**

**Date Temporary Occupancy Began:**

**Temporary Housing Period  
Shall End On:**

\_\_\_\_\_

I certify that the occupancy dates stated immediately above are true and accurate. This Affidavit 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 years.

**Printed Name of Owner / Agent**

**Signature of Owner / Agent**

**Date**

\_\_\_\_\_