TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Displaced Household Certification

I,	,
tempo	rary housing assistance at on due to (the
"Majo	r Disaster"), which affected my residence at, hereby certify 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 later than (12 months from, when the President declared the Major Disaster).
5.	I understand that if my household chooses to remain in the unit after, the end of temporary housing assistance period, 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, that if my household is not eligible, I will promptly vacate the unit.
the be	penalty of perjury, I certify that the information presented in this certification is true and accurate to st of my knowledge. The undersigned further understand(s) that providing false representations herein tutes an act of fraud. False, misleading or incomplete information may result in termination of sy.
	e foregoing statements, as well as the date, signature and identifying information of the signer and the gement Agent that follows are HEREBY CERTIFIED as true and accurate this day of,
Manag	gement Agent:
By:	Signature:
	Print Name:
	Household Unit to be occupied:
For N	Aanagement Use:
Date	Occupancy Began:
Date	Occupancy Actually Ended:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.