

**DISPLACED HOUSEHOLD OF A FEDERAL DECLARED DISASTER
CERTIFICATION
FOR HOUSING CREDIT AND HOUSING CREDIT/MULTIFAMILY
BOND PROJECTS (IRS Notices 2014-49 and 2014-50)**

**USE THIS FORM ONLY FOR
DISPLACED HOUSEHOLDS, THAT
ARE ELIGIBLE UNDER IRS NOTICES
2014-49 and 2014-50 UNTIL 12 months
after the end of the month of the
President's declaration of the major
disaster. Please see FEMA.gov for an
updated list of affected counties.**

Date of the Major Disaster: _____

Move-in Date: _____

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DEVELOPMENT DATA

Development Name: _____ County: _____
Address: _____ Unit Number: _____

Physical Address of Damaged or Destroyed Home of Displaced Household

Street or 911 Address: _____
Apartment # _____ City: _____ Zip: _____ County: _____

HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Social Security or Alien Reg. No.
1			HEAD		
2					
3					
4					
5					

HOUSEHOLD CERTIFICATION & SIGNATURES

Under penalties of perjury, I/we certify that I/we have been displaced from my/our home in _____ County due to damage or destruction of my/our home. I/we further certify that the representations made in this DISPLACED HOUSEHOLD OF FEDERAL DECLARED DISASTER CERTIFICATION are true and accurate to the best of my/our knowledge and belief. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

HH Mbr #	Last Name	First Name & Middle Initial	Signature	Date
1				
2				
3				
4				
5				

**DISPLACED HOUSEHOLD CERTIFICATION
(IRS Notices 2014-49 and 2014-50)**

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Move-in Date: _____

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DEVELOPMENT DATA

Development Name: _____ County: _____
Address: _____ Unit Number: _____

DEVELOPMENT OWNER CERTIFICATION & SIGNATURE

I, _____, agent for the Development named above, hereby state that I witnessed the signatures of the above listed, displaced, household members who made the representations as set forth in this DISPLACED HOUSEHOLD OF FEDERALLY DECLARED DISASTER CERTIFICATION. I hereby certify that the above listed individuals began temporary occupancy on _____, 20____ and they have been advised this temporary housing will discontinue twelve (12) months after the end of the month of the President's declaration of the major disaster.

Date: _____

Signature of Development Representative

Printed Name of Development Representative

Position/Title of Development Representative

(If necessary, use additional copies of this form for additional displaced household members.)