

Hurricane Emergency Housing Relief Certification

l,	, social s	ecurity #:	as	head of household,
am ap	head of household full name plying for temporary housing assista	nce at	SS#	on
			name of development	date of
	due to Hurricane Micha	el (the Major D	isaster), which affect	ed my residence at
a	opilication		ł	nereby certify that:
	previous address, ci	ty, state, zip code		
1.	My household was displaced as a re	esult of the Ma	jor Disaster listed ab	ove.
2.	The following are members of my hembers):	ousehold (use	back of form for add	itional household
3.	Name The affected address listed above is	SS# s/was my prima	·	to head of house e.
4.	The affected address is located by the President's declaration of Individual Assistance from FEMA be	the Major Disa	ster and that is des	
5.	I understand that the housing assist later than 10/31/19 (12 months fro Disaster.	_	-	•
6.	I understand that if my household housing assistance period, all house under the Housing Tax Credit progravacate the unit.	ehold members	s will be expected to	be certified as eligible
of my	penalty of perjury, I certify that the informa knowledge. I understand that providing fals ading or incomplete information may result i	e representations	herein constitutes an ac	
Appli	cant/Tenant Signature		Date	
	anagement use:			
	to be occupied:			
Date	occupancy began:	Date occup	ancy expected to en	d:

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense, punishable by a fine or 5 years imprisonment or both, to knowingly or willingly make materially false, fictitious, or fraudulent statements or representations in any matter within the jurisdiction of a federal agency.

CONTINUED) The	rollowing are additional	members of my household:
		
		
A1		Bullette subtrate has distilled
Name	SS#	Relationship to head of hous