

# HURRICANE KATRINA DISPLACED HOUSEHOLD CERTIFICATION

**USE THIS FORM ONLY FOR  
HOUSEHOLDS FROM ALABAMA,  
MISSISSIPPI, or LOUISIANA DISPLACED  
BY HURRICANE KATRINA UNTIL  
SEPTEMBER 30, 2006.**

Page 1 of 2

Move-in Date: \_\_\_\_\_

## DEVELOPMENT DATA

Development Name: \_\_\_\_\_ County: \_\_\_\_\_ BIN #: \_\_\_\_\_  
Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

## STATE AND COUNTY AFFECTED

Alabama (FEMA 1605-DR)	Mississippi (FEMA 1604-DR)	Louisiana (FEMA 1603-DR)
Counties	Counties	Parishes
<input type="checkbox"/> Baldwin <input type="checkbox"/> Greene <input type="checkbox"/> Hale <input type="checkbox"/> Mobile <input type="checkbox"/> Pickens <input type="checkbox"/> Tuscaloosa <input type="checkbox"/> Washington	<input type="checkbox"/> Adams <input type="checkbox"/> Amite <input type="checkbox"/> Attala <input type="checkbox"/> Claiborne <input type="checkbox"/> Choctaw <input type="checkbox"/> Clarke <input type="checkbox"/> Copiah <input type="checkbox"/> Covington <input type="checkbox"/> Forrest <input type="checkbox"/> Franklin <input type="checkbox"/> George <input type="checkbox"/> Greene <input type="checkbox"/> Hancock <input type="checkbox"/> Harrison <input type="checkbox"/> Hinds <input type="checkbox"/> Jackson <input type="checkbox"/> Jasper <input type="checkbox"/> Jefferson <input type="checkbox"/> Jefferson Davis <input type="checkbox"/> Jones <input type="checkbox"/> Kemper <input type="checkbox"/> Lamar <input type="checkbox"/> Lauderdale <input type="checkbox"/> Lawrence <input type="checkbox"/> Leake <input type="checkbox"/> Lincoln <input type="checkbox"/> Lowndes <input type="checkbox"/> Madison <input type="checkbox"/> Marion <input type="checkbox"/> Neshoba <input type="checkbox"/> Newton <input type="checkbox"/> Noxubee	<input type="checkbox"/> Okitibbeha <input type="checkbox"/> Pearl River <input type="checkbox"/> Perry <input type="checkbox"/> Pike <input type="checkbox"/> Rankin <input type="checkbox"/> Scott <input type="checkbox"/> Simpson <input type="checkbox"/> Smith <input type="checkbox"/> Stone <input type="checkbox"/> Walthall <input type="checkbox"/> Warren <input type="checkbox"/> Wayne <input type="checkbox"/> Wilkinson <input type="checkbox"/> Winston <input type="checkbox"/> Yazoo <input type="checkbox"/> Acadia <input type="checkbox"/> Ascension <input type="checkbox"/> Assumption <input type="checkbox"/> Calcasieu <input type="checkbox"/> Cameron <input type="checkbox"/> East Baton Rouge <input type="checkbox"/> East Feliciana <input type="checkbox"/> Iberia <input type="checkbox"/> Iberville <input type="checkbox"/> Jefferson <input type="checkbox"/> Jefferson Davis <input type="checkbox"/> Lafayette <input type="checkbox"/> Lafourche <input type="checkbox"/> Livingston <input type="checkbox"/> Orleans <input type="checkbox"/> Pointe Coupee <input type="checkbox"/> Plaquemines <input type="checkbox"/> St. Bernard <input type="checkbox"/> St. Charles <input type="checkbox"/> St. Helena <input type="checkbox"/> St. James <input type="checkbox"/> St. John <input type="checkbox"/> St. Mary <input type="checkbox"/> St. Martin <input type="checkbox"/> St. Tammany <input type="checkbox"/> Tangipahoa <input type="checkbox"/> Terrebonne <input type="checkbox"/> Vermilion <input type="checkbox"/> Washington <input type="checkbox"/> West Baton Rouge <input type="checkbox"/> West Feliciana

### Physical Address of Damaged or Destroyed Home of Displaced Household on August 29, 2005

Street or 911 Address: \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Apartment # \_\_\_\_\_ City: \_\_\_\_\_  
 Alabama \_\_\_\_\_  
 Mississippi \_\_\_\_\_  
 Louisiana \_\_\_\_\_

## 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/Parish, State of \_\_\_\_\_ due to damage or destruction of my/our home by Hurricane Katrina. I/we further certify that the representations made in this HURRICANE KATRINA DISPLACED HOUSEHOLD 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				

<b>HURRICANE KATRINA DISPLACED HOUSEHOLD CERTIFICATION</b>	<b>USE THIS FORM ONLY FOR HOUSEHOLDS FROM ALABAMA, MISSISSIPPI, or LOUISIANA DISPLACED BY HURRICANE KATRINA UNTIL SEPTEMBER 30, 2006.</b> Page 2 of 2
Move-in Date: _____	
<b>DEVELOPMENT DATA</b>	
Development Name: _____ County: _____ BIN #: _____	
Address: _____ Unit Number: _____ # Bedrooms: _____	

<b>DEVELOPMENT OWNER CERTIFICATION &amp; SIGNATURE</b>
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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 HURRICANE KATRINA DISPLACED HOUSEHOLD CERTIFICATION. I hereby certify that the above listed individuals began temporary occupancy on \_\_\_\_\_, 2005 and they have been advised this temporary housing will discontinue on September 30, 2006.

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.)