

Hurricane Katrina Displaced Household Certification

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**USE THIS FORM ONLY FOR HOUSEHOLDS
FROM ALABAMA, MISSISSIPPI, or
LOUISIANA DISPLACED BY
HURRICANE KATRINA**

Move-in Date: _____

EFFECTIVE UNTIL September 30, 2006

DEVELOPMENT DATA

Property Name: _____ County: _____ BIN # _____

Address: _____ Unit Number: _____ # Bedrooms: _____

STATE AND COUNTY /PARISH AFFECTED

Alabama (FEMA 1605-DR)	Mississippi (FEMA 1604-DR)	Louisiana (FEMA 1603-DR)
<u>Counties</u>	<u>Counties</u>	<u>Parishes</u>
<input type="checkbox"/> Baldwin <input type="checkbox"/> Mobile <input type="checkbox"/> Pickens <input type="checkbox"/> Greene <input type="checkbox"/> Hale <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"/> Oktibbeha <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 26, 2005

Street Address: _____	Alabama	Zip Code
Apartment #: _____	Mississippi	_____
City: _____	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				

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Address: _____ Unit Number: _____ # Bedrooms: _____

DEVELOPMENT OWNER CERTIFICATION & SIGNATURE

I, _____, agent for the Development named above, hereby state that I witnessed the signature(s) of the above listed, displaced, household member(s) who made the representations as set forth in this HURRICANE KATRINA DISPLACED HOUSEHOLD CERTIFICATION. I hereby certify that the above listed individual(s) 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.)