

**AFFIDAVIT OF DISPLACEMENT FOR ELIGIBILITY FOR EMERGENCY HOUSING RELIEF EXHIBIT A**

**\*Tenant file must include (1) affidavit for each household displaced. Each adult household member must be listed on the affidavit.**

Household Name \_\_\_\_\_  
 Project Name \_\_\_\_\_  
 BIN \_\_\_\_\_  
 Unit # \_\_\_\_\_

Under penalty of perjury, I hereby certify that I am an individual displaced because of disaster damage to my primary residence. My primary residence was located in a city, county, or other local jurisdiction that was covered by the President's declaration of a Major Disaster and designated as eligible for FEMA Individual Assistance as a result of Hurricane Harvey.

Address of principal residence at time of Major Disaster

\_\_\_\_\_

\_\_\_\_\_

1. Tenant Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Signature of Tenant \_\_\_\_\_
  
2. Tenant Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Signature of Tenant \_\_\_\_\_
  
3. Tenant Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Signature of Tenant \_\_\_\_\_
  
4. Tenant Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Signature of Tenant \_\_\_\_\_
  
5. Tenant Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Signature of Tenant \_\_\_\_\_
  
6. Tenant Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Signature of Tenant \_\_\_\_\_

\_\_\_\_\_  
 Signature of Head of Household

\_\_\_\_\_  
 Other Adult Household Member

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

THIS SECTION TO BE COMPLETED BY OWNER REPRESENTATIVE

Date Temporary Occupancy Began \_\_\_\_\_  
**Temporary Housing Period Expires AUGUST 25, 2018**

I certify that the occupancy dates stated above are true and accurate. I understand the compliance requirements for emergency housing relief. This affidavit shall be maintained by the owner as part of the tenant file and will be made available to KHC for review.

Name of Owner Representative \_\_\_\_\_

Signature of Owner Representative \_\_\_\_\_

