

Mississippi Home Corporation

Affidavit of Displacement
(For Use Only by Households Displaced by Hurricane Harvey)
(To be completed by adult household members only)

Household Name _____ Unit # _____
Project Name _____

Under penalty of perjury, I certify that I am an individual displaced because of damage to my home located in an area designated for Individual Assistance by FEMA as a result of Hurricane Harvey:

- 1. Tenant Name, Prior Address, Social Security Number
2. Tenant Name, Prior Address, Social Security Number
3. Tenant Name, Prior Address, Social Security Number
4. Tenant Name, Prior Address, Social Security Number

The undersigned further states that the information presented in this certification is true and accurate to the best of their knowledge and understands that providing false representations herein constitutes an act of fraud.

Table with 3 columns: Signature of Tenant, Printed Name of Tenant, Date. Rows 1-4.

This section shall be completed and executed by management.

Date
Temporary Occupancy Began:
Temporary Housing Period Shall Not Extend Beyond:
August 25, 2018

I certify that the occupancy dates stated immediately above are true and accurate. This affidavit shall be retained by the owner as part of tenant documentation for at least 6 years after the due date (with extensions) for filing the federal income tax return for the applicable years.

Signature of Owner/Agent, Printed Name of Owner/Representative, Date