



**FEDERAL DISASTER COVID-19
DISPLACED HOUSEHOLD
CERTIFICATION**

Move-in Date: _____

PROJECT DATA

Project Name: _____ City: _____

Street Address: _____ Unit Number: _____ # Bedrooms: _____

Current Physical Address of Displaced Household

Address: _____ ZIP Code _____

Apartment # _____ City: _____

County Name

Tribal Land

HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Last 4 digits of Social Security or Alien Reg. No.
1			HEAD		
2					
3					
4					
5					
6					
7					
8					

HOUSEHOLD CERTIFICATION & SIGNATURES

Under penalties of perjury, I/we certify that I/we have been affected by COVID-19 and/or been displaced from my/our home as a result of COVID-19. I/we further certify that the representations made in this 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				
5				



WASHINGTON STATE
HOUSING FINANCE
COMMISSION

**FEDERAL DISASTER COVID-19
DISPLACED HOUSEHOLD
CERTIFICATION**

Page 2 of 2

Move-in Date: _____

PROJECT DATA

Project Name: _____ City: _____

Street Address: _____ Unit Number: _____ # Bedrooms: _____

PROJECT OWNER CERTIFICATION & SIGNATURE

I, _____, agent for the Project named above, hereby state that the above-listed individuals **began temporary occupancy on** _____ and they have been advised this temporary **housing will end as of March 31, 2021**, and have been provided a copy of this certification. I have also explained the new move-in certification process to these individuals should they decide to remain after expiration of this certification.

Date: _____

Signature of Project Representative

Printed Name of Project Representative

Position/Title of Project Representative

NOTICE TO HOUSEHOLD:

This certification is temporary and will expire as of the date noted above. Upon expiration, any households who have decided to reside permanently in their tax credit unit must be income-certified as a new move-in, and must execute a new lease with a minimum six-month term.

(If necessary, use additional copies of this form for additional displaced household members.)