



**OREGON HOUSING and
COMMUNITY SERVICES**

725 SUMMER STREET NE, SUITE B | SALEM, OR 97301
503-986-2000 | www.oregon.gov/OHCS

**Presidential Declared Disaster
Displaced Household Certification**

I, _____ (_____) (representing the 'eligible household') am applying for
Last 4 of SSN

temporary housing assistance at: _____

on: _____ due to: _____ (the "Major Disaster"),
Date

Which affected my residence at: _____
Address

I hereby certify that:

1. My household was displaced as a result of the Major Disaster listed above.
2. The affected address listed above is/was my primary place of residence.
3. The affected address is located in a city, county, or local jurisdiction that I covered by the President's declaration of the Major Disaster and that is designated as eligible for Individual Assistance from FEMA because of the Major Disaster.
4. I understand that the housing assistance being offered to me is temporary and will end on: _____
5. No later than (12 months from: _____ (The date the President declared the Major Disaster).
6. I understand that if my household chooses to remain in the unit after: _____ , the end of temporary housing assistance period, that all household member will be expected to be certified as eligible under the Housing Tax Credit program and/or the Tax Exempt Bond program and, that if my household is not eligible, I will promptly vacate the unit.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of tenancy.

All the foregoing statements, as well as the dates, signatures, and identifying information of the Applicant/Signor and the Management Agent are HEREBY CERTIFIED as true and accurate:

Applicant Signature Date

Management Agent Signature Date

For Management Use Only:

Type of Declared Disaster: _____

Date President Declared the Disaster: _____

Date Household's Temporary Occupancy Began: _____

Date Household's Temporary Housing Assistance Ends: _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department of Agency of the United States as to any matter within its jurisdiction.