



Affidavit of Displacement

Instructions: This form is used for emergency housing relief for persons displaced by a Major Disaster. The Owner/Agent must copy the completed and signed form, then blacken out all SSNs, and then e-mail a copy to mshdacompli@michigan.gov with "Affidavit of Displacement" in the subject line within 24 hours of move-in and again within 24 hours of move-out.

LIHTC / Bond Project Information

| | | |
|------------------------------|----------------|--|
| Project Name | MSHDA # | |
| Project Address, City | | |

Unit Information

| | |
|-------------------------|----------------------|
| Household Name | |
| Unit # / Address | |
| Move-in Date | Move-Out Date |

Household Information

| | Tenant Name | Relationship to Head | Date of Birth | Social Security # |
|---|-------------|----------------------|---------------|-------------------|
| 1 | | Head | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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 a Major Disaster, such as Hurricane Harvey or Hurricane Irma.

Address of principal residence at time of the Major Disaster

| | | | |
|------------------------------|-------------------------------|--|--|
| Street Address | | | |
| City, State, Zip Code | | | |
| County / Parish | Name of Major Disaster | | |

The undersigned states that the information 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. False, misleading or incomplete information may result in the termination of a lease agreement.

| Signature of Tenant | Printed Name of Tenant | Date |
|---------------------|------------------------|------|
| | | |
| | | |

The following section is to be completed by Owner/Agent:

I certify, under penalty of perjury, that the above household is being housed pursuant to and in accordance with Rev. Proc. 2014-49 and/or 2014-50. The Temporary Housing Period (based on FEMA declaration date) ends no later than _____ (date), unless the household is certified to be section 42 eligible. This form will be retained in the tenant file in accordance with Sec. 42 recordkeeping requirements.

Signature of Owner/Agent: _____ Printed Name and Title of Owner/Agent _____ Date _____