

WASHINGTON STATE HOUSING FINANCE COMMISSION
DISPLACED HOUSEHOLD CERTIFICATION
Disaster/Emergency: _____

Page 1 of 2

Move-in Date: _____

PROJECT DATA

Project Name: _____ City: _____

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

Check County/Tribal Land

County Name

Tribal Land

☐☐☐

Physical Address of Damaged or Destroyed Home of Displaced Household

Address: _____

ZIP Code: _____

Apartment # _____ City: _____

HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Social Security Number	Gross Annual Income
1			HEAD			
2						
3						
4						
5						

HOUSEHOLD CERTIFICATION & SIGNATURES

Under penalties of perjury, I/we certify that I/we have been displaced from my/our home in _____ County, or in Tribal Lands of _____ due to damage or destruction of my/our home by _____.

I/we further certify that the representations made in this WSHFC 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				

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PROJECT OWNER CERTIFICATION & SIGNATURE

I, _____, agent for the Project named above, hereby state that I witnessed the signatures of the above listed displaced household members who made the representations as set forth in this WSHFC Displaced Household Certification. I hereby certify that the above listed individuals began temporary occupancy on _____, 20____. They have been advised that occupancy of this temporary housing will discontinue on or before _____, 20__ unless an extension is approved. I have explained that temporary occupancy can be extended for a period ending not later than _____, 20__, subject to third party income certification, which must occur on or before _____, 20__. I have explained the new move-in certification process that will be required if they decide to remain after _____, 20__. If an income waiver has been provided, they have been informed that the waiver will not continue past _____, 20__.

Date: _____

Signature of Project Representative

Printed Name of Project Representative

Position/Title of Project Representative

Note to Household:

This certification is temporary and will expire on or before _____, 20__. Upon expiration, any households who have decided to reside permanently in a Low-Income Housing Tax Credit (LIHTC) rental 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.)