



**AFFIDAVIT OF DISPLACEMENT FOR ELIGIBILITY FOR EMERGENCY HOUSING RELIEF  
EXHIBIT A TO RED NOTICE 22-45**

**\*Tenant file must include (1) affidavit for each household displaced. Each adult household member must be listed on the affidavit.**

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Household Name \_\_\_\_\_  
Project Name \_\_\_\_\_  
BIN \_\_\_\_\_  
Unit # \_\_\_\_\_

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 Kentucky severe storms, flooding, landslides, and mudslides in July 2022.

Address of principal residence at time of Major Disaster

\_\_\_\_\_  
\_\_\_\_\_

1. Tenant Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Signature of Tenant \_\_\_\_\_
  
2. Tenant Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Signature of Tenant \_\_\_\_\_
  
3. Tenant Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Signature of Tenant \_\_\_\_\_
  
4. Tenant Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Signature of Tenant \_\_\_\_\_
  
5. Tenant Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Signature of Tenant \_\_\_\_\_
  
6. Tenant Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Signature of Tenant \_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.





THIS SECTION TO BE COMPLETED BY OWNER REPRESENTATIVE

Date Temporary Occupancy Began \_\_\_\_\_  
**Temporary Housing Period Expires JULY 31, 2023**

I certify that the occupancy dates stated above are true and accurate. I have read IHCD RED Notice 22-45 and understand the compliance requirements for emergency housing relief. This affidavit shall be maintained by the owner as part of the tenant file and will be made available to IHCD for review.

Name of Owner Representative \_\_\_\_\_

Signature of Owner Representative \_\_\_\_\_



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