

**November 2007 Oregon Storms
Displaced Household Certification**
(FEMA – #1733) (Declaration Release #HQ-07-236)

**FOR ELDERLY, HOME AND LIHTC
PROPERTIES, USE THIS FORM ONLY
FOR HOUSEHOLDS IN OREGON WHO
WERE DISPLACED BY THE NOVEMBER
2007 OREGON STORMS.**

Move-in Date: _____

Page 1 of 2

DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____

Address: _____ Unit #: _____ # Bedrooms: _____

PHYSICAL ADDRESS OF DAMAGED OR DESTROYED HOME OF DISPLACED HOUSEHOLD

Emergency Shelter or
Home Street Address: _____

***Check Affected County:**

Apartment #: _____ City: _____ Zip Code: _____

- CLATSOP
- COLUMBIA
- LINCOLN
- TILLAMOOK
- YAMHILL

HOUSEHOLD COMPOSITION

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

HOUSEHOLD CERTIFICATION AND SIGNATURES

Under penalties of perjury, I/we certify that I/we have been displaced from my/our home in _____ County/Parish, State of _____ due to damage or destruction of my/our home by the November 2007 Storms in Oregon. I/we further certify that the representations made in this NOVEMBER 2007 OREGON STORMS 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				
6				

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Property Name: _____ County: _____ BIN #: _____

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DEVELOPMENT OWNER CERTIFICATION AND SIGNATURE

I, _____, agent for the Development 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 **NOVEMBER 2007 OREGON STORMS DISPLACED HOUSEHOLD CERTIFICATION**. I hereby certify that the above listed individuals began temporary occupancy on _____, 2007 / 2008 (circle one) and they have been advised this temporary housing will discontinue **no later than June 30, 2008**.

Signature of Development Representative

Date

Printed Name of Development Representative

Phone #

Position/Title of Development Representative

E-Mail Address

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