**Displaced Due to a Disaster**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID or SSN: \_\_\_\_\_\_\_\_\_\_

**Displaced Due to Disaster**: My Household is/was required to move due to a disaster such as a flood or fire:

1. Which was **outside of my Household’s fault or ability to control;** and
2. Which rendered my unit **uninhabitable.**

**Applicant Certification of Displacement Due to Disaster**

I hereby certify that my Household is/was required to move due to a disaster such as a flood or fire, which was **outside of my Household’s fault or ability to control** and which rendered my unit **uninhabitable.**

I understand that any falsification, misrepresentation, or concealment of information is grounds for admissions denial to BHA housing for a period of three (3) years.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Verification:**

(1) A copy of the incident report from the local Fire Department or other appropriate agency who deals with disasters, **OR**

(2)Written verification from the appropriate unit or agency of government certifying that the applicant has been displaced or will be imminently be displaced, as a result of action by that agency, **AND**

(3)Verification the appropriate agency that the dwelling unit is now uninhabitable; **AND**

(4) Proof of residence at the address of displacement; **AND**

(5) Proof that you do not live in permanent housing.

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