

Displaced Individual Certification Exhibit DI-2

I, _____, (last four digits of your SSN _____), am a Displaced Individual as defined in IRS Revenue Procedure 2014-49 applying for temporary housing assistance at _____ ("Development") on _____ due to (*check one* (March 14-15, 2025 event) (May 16, 2025 event), which affected my residence at _____, and hereby certify that:

1. I was displaced as a result of the Major Disaster selected above.
2. The affected address listed above is/was my primary place of residence impacted by disaster.
3. The affected address listed above is located in a city, county, or local jurisdiction that is included in the President's declaration of Major Disaster circled above and designated eligible for FEMA Individual Assistance.
4. I understand that the housing unit being offered to me is temporary and will end no later than (check appropriate event(s))
(March 31, 2026 for the March 14-15, 2025 event) (May 31, 2026 for the May 16, 2025 event)
5. I understand that in order to remain in the unit after the end of the temporary housing assistance period selected in Paragraph 4, above, that I must be certified as eligible under the regulations of the Low-Income Housing Tax Credit program and that if I am not eligible under the Low-Income Housing Tax Credit Program, I must vacate the unit.

Under penalty of perjury, I certify that the information presented in this Displaced Individual Certification is true and accurate to the best of my knowledge. I further understand and certify that providing false presentations herein constitutes an act of fraud. False, misleading or incomplete information may result in my termination of tenancy at the Development.

Tenant Signature:	Date:
Print Name:	

All the foregoing statements, as well as the date, signature, and all identifying information of the displaced individual and the Management Agent that follows are HEREBY CERTIFIED as true and accurate this _____ day of _____, 20____.

Management Agent Signature:		Date:
Print Name:	Print Title:	
Unit Occupied:	Date Occupancy Began:	Date Occupancy Ended:

INSTRUCTIONS TO OWNER

Each adult tenant must fill out their own Displaced Individual Certification, a copy of which must be maintained in the tenant file in accordance with IRS Revenue Procedure 2014-49.