**Displaced Due to Government Action**

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

**Displaced Due to Government Action**: My Household is/was required to move permanently from our residence due to a **Federal, State or local governmental action** such as code enforcement, public improvements or a development program.

**Applicant Certification of Displacement Due to Government Action**

I hereby certify that I am/was required to move permanently from my residence of record due to a **Federal, State or local governmental action.**

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) Third-party, written verification from the appropriate unit or agency of government certifying that the applicant has been displaced or will be displaced in the next ninety days, as a result of action by that agency; **AND**

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

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

Rev. 09/05/23