

BERING STRAITS REGIONAL HOUSING AUTHORITY

415 E. Third Ave. POB 995, Nome, AK. 99762

Tel. (907) 443-5256/5257 Fax: (907) 443-8650

Toll Free: (800) 478-5255

VERIFICATION OF INVOLUNTARY DISPLACEMENT

I hereby authorize the release of information on my claim of involuntary displacement.

Signature of Applicant

Social Security number

Print Name

Date

CERTIFICATION *To Be Completed by Certifying Agency*

We are required by regulations to verify the involuntary displacement preference claimed by the above applicant. Please complete and certify the form by signing below. This information will only be used to determine the applicant's preference claimed.

The above referenced applicant has applied for housing assistance and is claiming that he/she is involuntarily displaced. Place an "x" by reasons that pertain to their involuntary displacement.

- A disaster such as a fire or flood resulted in extensive damages or destroyed the unit.
- An activity carried on by an agency of the United States, State, or local government in connection with a code enforcement, public improvement, or a development program.
- An owner's action resulted in the applicant having to vacate his/her unit where:
 - 1. The owner's action is beyond the applicant's ability to control or prevent.
 - 2. The action occurred despite applicant met all imposed conditions for occupancy.
 - 3. The action taken was other than a rent increase.
- Actual or threatened physical violence directed against the applicant or their household members. The applicant lives in a housing unit with an individual who engages in violence.

I hereby certify that: _____ is involuntarily displaced.

Signature _____ Title _____ Date: _____

Organization _____ Address: _____