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VERIFICATION OF INVOLUNTARY DISPLACED

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

Signature of Applicant

Social Security #

Print Name

Date

To Be Completed by Certifying Agency

In order for us to verify the involuntarily displaced preference claimed by the applicant listed above, we are required by regulation to verify the preference. Therefore, please complete the form and certify by signing in the space provided below. This information will be used only for determining the preference claimed by this applicant.

The above reference applicant has applied for housing assistance and is claiming that he/she has been involuntary displaced. Place an "x" by one or more of the reasons for the involuntary displacement.

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

CERTIFICATION

I hereby certify that _____ has been/ will be involuntarily displaced for the reason(s) check off above.

Name of Organization

Address

Signature

Title

Date