BSRHA
Bering Straits Regional Housing Authority
PO Box 995, Nome, Alaska 99762 (907) 443-5256-Office (907) 443-8652-Fax

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 application has applied for housing assistance and is claiming that he/she is or will be involuntarily displaced. Place an "x" by reasons that pertain to their involuntary displacement.

___ A disaster such as a fire or flood resulting in extensive damage(s) to 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 resulting in the applicant having to vacate his/her unit where:

The 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 meeting all imposed conditions for occupancy.
3. The action taken was other than a rent increase.
4. Cancellation of the Lease Agreement between Landlord and Tenant
5. 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: _____