



**Please Return Completed Form To:**  
**Tuba City Regional Health Care Corporation**  
**Housing Department**  
**Post Office Box 600**  
**Tuba City, Arizona 86045**  
**Phone: (928) 283-2873 ext. 40080**  
**Fax: (928) 283-2872**

**Applicant:** \_\_\_\_\_

**Social Security:** \_\_\_\_\_

**Census:** \_\_\_\_\_

## **SUBSTANDARD CERTIFICATION**

Dear Madam/Sir:

The above applicant has applied for housing assistance and has indicated that:

☐ He/She is living in substandard housing because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ He/She lacks fixed, regular, and adequate nighttime residence:

Sincerely,

Housing Department Manager

**I hereby authorize the release of the requested information:**

**Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

### **CERTIFICATION FOR SUBSTANDARD HOUSING**

I certify that \_\_\_\_\_ ☐ is ☐ is not living in substandard housing because the unit has one or more of the deficiencies or conditions as cited above.

DATE: \_\_\_\_\_

FIRM: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_



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## INVOLUNTARILY DISPLACEMENT CERTIFICATION

Dear Madam/Sir:

The above applicant has applied for housing assistance and has indicated that he/she has been or will be involuntarily displaced and has vacated or will have to vacate his or her housing unit for one of the following reasons:

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

In order to determine the preference status for the above applicant, we are required by Federal Regulations to verify the preference. Therefore, we would appreciate your completing the certification below and returning this form. This information will be used only for the purpose of determining the preference claimed by this applicant.

Sincerely,

Housing Department Manager

**I hereby authorize the release of the requested information:**

**Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

### CERTIFICATION FOR INVOLUNTARY DISPLACEMENT

I certify that \_\_\_\_\_ ☐ is ☐ will be involuntarily displaced for reason(s) above

DATE: \_\_\_\_\_

FIRM: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

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## **DRAW A MAP TO YOUR HOUSE**

Be specific and accurate, using permanent point of reference.

