

Continued Assistance Certification Form

Please complete the information below with the assistance of your Disaster Case Manager in order to be evaluated for continued assistance in the Disaster Housing Assistance Program (DHAP-Sandy). I understand that if I do not provide a completed form every 3 months to the state or local housing agency managing DHAP-Sandy, I will not be determined eligible for continued assistance.

I, _____, swear or affirm that the foregoing information completed by me, or submitted by me for continued assistance certification purposes is, to the best of my knowledge true and correct. Furthermore, should any part or all of the information herein provided prove to be false will result in the termination of housing assistance under the DHAP-Sandy.

TO BE COMPLETED BY DISASTER CASE MANAGER:

Disaster Case Manager : _____

Disaster Case Manager Telephone Number: _____

- _____ has been participating in the Disaster Case Management Program.
- _____ has been progressing in their Permanent Housing Plan(PHP).

Provide Permanent Housing Plan (PHP) updates and milestones accomplished toward PHP.

Applicant - Print Name

Disaster Case Manager - Print Name

Applicant – Signature

Date

Disaster Case Manager – Signature

Date

Registration #/Social Security #

Disaster Number