

**Certification on Non-Displacement (Owner)**

Your signature below indicates that you have identified a suitable location for temporary location during rehabilitation or reconstruction of your residence by the CDBG-DR Homeowner Rehabilitation and Reconstruction Program.

Unique Application ID: \_\_\_\_\_

\_\_\_\_\_  
Homeowner Printed Name

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Homeowner Printed Name

\_\_\_\_\_  
Additional Homeowner Signature

\_\_\_\_\_  
Date