**Appendix I**

**Duplication of Benefits Certification**

**INSTRUCTIONS**

This certification is divided into three (3) components:

1. Assistance received from government, bank, and any and all other housing assistance received by or anticipated to be received by the family/individual
2. Attachments
3. Signature(s)

This form is intended to summarize all potential housing assistance you currently receive or anticipate receiving in the next *FY 2022/2023*. If you are not currently and do not anticipate receiving housing assistance in the next 16 months, you should check the box at the top of Part 1 and skip to Part 3.

**Part 1. Government, Bank, and Other Funding Sources Duplication of Benefits Certification**

This certification must be completed by all applicants that will receive any assistance from the ESG-CV funded housing assistance being offered by the [Enter your Organization Here.] The information within this certification will provide [Enter your Organization Here] with vital information for ongoing evaluation of duplication of benefits as required by the Stafford Act Section 312, as amended and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

Please indicate the amount of funds received from any and all sources of housing assistance funds that you have received or anticipate receiving including, but not limited to assistance such as rent payments, security deposits, utility payments, moving costs, and back rent. Sources of funds include but are not limited to: Federal, state, and local grant programs, subsidized loans, or nonprofit donations or grants.

No Current or Anticipated Housing Assistance

My household does not currently receive or anticipate receiving other housing assistance.

Source of Funds #1

|  |  |
| --- | --- |
| **Grant Provider Name** |  |
| **Purpose / Specific Use** |  |
| **Amount** |  |
| **Government Loan Government Grant Government Forgivable Loan**  **Nonprofit Grant Nonprofit Forgivable Loan**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

Source of Funds #2

|  |  |
| --- | --- |
| **Grant Provider Name** |  |
| **Purpose / Specific Use** |  |
| **Amount** |  |
| **Government Loan Government Grant Government Forgivable Loan**  **Nonprofit Grant Nonprofit Forgivable Loan**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**Part 2. Attachments**

Attached to this certification are copies of the following:

1. Award letter or other documentation for each source of assistance received from other programs or summary of award(s) received
   1. If award letter is not available, ensure all assistance is documented on this form and attach any supporting documentation (if available)
2. Documentation of use of funds.

**Part 3. Signature(s)**

**By executing this certification, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.**

**Further, the applicant certifies that if they do not fully disclose all forms of housing assistance on this form, they may be required to return ESG-CV housing assistance and/ or be suspended from participation in this program.**

**Further, the applicant certifies that they will disclose any future rental, utility, security deposit or back rent or other financial housing assistance received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) received within seven days to their case manager or other assigned individual.**

Dated this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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

Applicant Signature Print Applicant name

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Joint Applicant Signature Print Joint Applicant name