

Duplication of Benefits Certification

I/We _____, affirm the following:

- I/We have received the following assistance funds for Emergency Utility Payment Assistance:

1 Source of Funding	2 Amount Awarded (\$)	3 Verification of Award (✓) or (X)	4 Documentation of Expenditure (✓) or (X)	5 Amount Expended
a. Insurance				
b. Private or Non-Profit Sources				
c. _____				
d. _____				
Total				
Duplication of Benefits Total (Column 2 – Column 5) \$ _____:				
NOTES:				

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.

Dated this the ____ day of _____, 20__.

Applicant Signature

Date

Co-Applicant Signature

Date

Instructions for Completing the Duplication of Benefits Certification Form

The CDBG funds which are being used to assist eligible applicants are subject to a Federal law which requires that the Program confirm that applicants have not already received financial assistance from other sources for the same activities for which the Program is providing assistance.

The purpose of this form is to verify the amounts paid by insurance, government entities, and other funding sources to assure that assistance disbursed in this Program is not a Duplication of Benefits (DOB) the applicant received from other sources.

Column 1 List the Sources of Funding received by type (insurance, SBA, etc.). For insurance, list the name of each company and policy number.

Column 2 Itemize all assistance funding specified for the event that has been received on the appropriate line in the second column. You may add as many additional lines as required.

Column 3 Indicate by checkmark (✓) that you have attached a copy of the corresponding documentation of the funds received (letter from funding source, copy of check, etc.)

Column 4 Indicate by checkmark (✓) that you have attached documentation of how the received funding was used (receipts)

Column 5 List the amount expended from each source.

Total all funding received (column 2). Subtract the total of all receipts for services or products directly related to those funds (Column 5). Any remaining funds will be considered Duplication of Benefits and will be subtracted from the program amount for which the applicant is eligible.

The applicant(s) must sign and date the form at the bottom of the page