

DUPLICATION OF SERVICES CERTIFICATION

Federal COVID Relief funding for rental and utility assistance requires that all grantees must ensure that there is no duplication of services in order to maximize all available resources. The CARES Act provides that the HUD shall ensure there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155) and in accordance with section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–254; 132 Stat. 3442), which amended section 312 of the Robert T. 2 Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155).

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.) Emergency Solutions Grant (ESG-CV) funds cannot be used to pay for eligible costs that have already been paid for, or will be paid for, by another Federal program, such as the Community Development Block Grant (CDBG-CV), HOME, Emergency Rental Assistance Program (ERA) funds, Housing Opportunity for Persons With AIDS (HOPWA), and CoC rental programs, insurance, or other sources. If this occurs, the funds must be repaid to the agency as applicable.

Tenants must provide a self-certification indicating that they have not received a duplicative benefit and listing potentially duplicative assistance that they have already received, or reasonably anticipate receiving, and through other means. This self-certification must be completed PRIOR to the provision of assistance.

Applicant(s) Name (First, Last): _____

Address: _____

Landlord: _____

Have you applied and received rental and/or utility assistance within the last six months? ☐ YES ☐ NO

If Yes, please mark (X) which program(s) you applied and received funding and identify the months that you received rental or utility assistance, and the name of the agency that provided the assistance.

☐ Housing Opportunity for Persons With AIDS (HOPWA)
☐ ERA, HOME, CDBG, ESG Rent Relief Program
☐ Other Relief Program

[illegible]

I _____; do hereby verify that the facts set forth in the above-mentioned intake are true and correct to the best of my personal knowledge or information and belief, and that any false statements herein are made subject to the penalties of:

**“PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18 Section 1001, provides:
“Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”**

_____ Applicant/Head of Household	_____ (Print Name)	_____ Date
_____ Co-Applicant/Co-Head	_____ (Print Name)	_____ Date
_____ Adult Household Member	_____ (Print Name)	_____ Date
_____ Adult Household Member	_____ (Print Name)	_____ Date