

Disaster Recovery Business Assistance Duplication of Benefits Affidavit

Statement of Purpose: This affidavit must be completed by all businesses who have applied for and/or received any assistance from the Disaster Recovery Business Assistance Programs. The information within this affidavit will provide the [insert administrative entity] and the Iowa Department of Economic Development with vital information for processing the application required by the Stafford Act Sec. 312 on Duplication of Benefits.

Business Assistance Programs

Indicate with an "X" the program(s) for which your business is applying. Also, please indicate with an "X" any program your business has previously received funds from.

- Business Rental Assistance
 - Rental Assistance
- Expanded Business Rental Assistance
 - Assistance to replace damaged equipment
- Commercial Rental Revenue Gap
- Loan Interest Supplemental Program
- Residential Landlord Business Support
- Steam Programs
 - For conversion costs
 - Rate buy-down
- Jumpstart Small Business
- Equipment Reimbursement Assistance Program
- Flood Insurance Reimbursement Program

Insurance and Other Fund Sources Affidavit

Insurance:

Insurance company information must be completed even if the Company named herein did not receive insurance monies as compensation for the storms, tornadoes and flooding giving rise to the Presidential Disaster Declaration, FEMA-1763-DR (“2008 Iowa Flood and Storm Event”), which occurred between May 25, 2008 and August 13, 2008.

If there was insurance on the damaged property, the name of the insurance company, policy number, claim number, and settled amount, if any, must be completed, copies of the insurance policies in place at the time of disaster, and any correspondence with the insurance companies on or after May 25, 2008, and on or before August 13, 2008 must be attached to this affidavit.

This section must be signed in front of a notary public.

STATE OF IOWA

COUNTY OF «COUNTY»

Before me, the undersigned authority, on this day personally appeared to the person named below, who, being by me duly sworn under penalty of perjury and penalty of violation of Federal and State laws applicable to [insert name of company]’s application for and receipt of a grant or forgivable loan under the Iowa Department of Economic Development (“IDED”) Disaster Recovery Business Assistance Programs made the following statements and swore that they were true:

1. I hereby state that I am the _____ of [insert name of company] (the “Applicant”) and am duly authorized by the Applicant to make the certifications contained in this Affidavit on behalf of the Applicant.
2. I hereby state and certify to the United States Department of Housing and Urban Development and to the Iowa Department of Economic Development as follows (please check one blank):

- On any date on or after May 25, 2008 and on or before August 13, 2008, property, flood, and/or wind, economic injury, business interruption or any other kind of insurance **WAS** carried and in force for [insert name of company].

- On any date on or after May 25, 2008 and on or before August 13, 2008, **NO** property, flood, and/or wind, economic injury, business interruption or any other kind of insurance was carried and in force for [insert name of company].

If insurance was carried by [insert name of company], fill in the information requested below using the insurance information in effect at the time of damage to the Property due to the Iowa 2008 Flood and Storm Event, on or after May 25, 2008 and on or before August 13, 2008. Please provide information regarding any such insurance policies and information regarding claims filed and paid, if any, in the designated spaces below. If no claim was filed under an insurance policy listed below, fill in the applicable blank with "None."

Ins. Company Name:		Policy Number	
Type of Ins.			
Claim Number:		Settled Amt:	

Ins. Company Name:		Policy Number	
Type of Insurance:			
Claim Number:		Settled Amt:	

Company Name:		Policy Number	
Type of Insurance:			
Claim Number:		Settled Amt:	

Company Name:		Policy Number	
Type of Insurance:			
Claim Number:		Settled Amt:	

Other Fund Sources:

Instructions: This section identifies any sources of funds that the business has received as a result of the 2008 Natural Disaster(s) other than insurance.

Sources of funds include but are not limited to: Federal, state and local loan/grant programs; private or bank loans;

Source of Funds #1

The Jumpstart Business Program provided funds for the purpose of working capital and Energy Efficient purchases. Please indicate below the amount allocated to your business in the box corresponding to the appropriate purpose.

Lender Name:	Jumpstart Business	Gov't Loan/Grant/ Loan/Forgivable Loan	Forgivable Loan
Purpose:	Working Capital	Amount:	
Purpose:	Inventory	Amount:	
Purpose:	Rent	Amount:	
Purpose:	Energy Efficient Purchases	Amount:	

Source of Funds #2

<u>Lender Name:</u>		Gov't Loan/Grant/ Loan/Forgivable Loan	
Purpose:		Amount:	
Purpose:		Amount:	

Source of Funds #3

Lender Name:		Govt Loan/Grant/ Loan/Forgivable Loan	
Purpose:		Amount:	
Purpose:		Amount:	

Source of Funds #4

<u>Lender Name:</u>		Govt Loan/Grant/ Loan/Forgivable Loan	
Purpose:		Amount:	
Purpose:		Amount:	

Attached to this Affidavit are copies of the following:

(1) Each insurance policy in force on or after May 25, 2008 and on or before August 13, 2008.

(2) All correspondence relating to the insurance policies described in (1) of this sentence, including correspondence regarding any claims filed under such insurance policies. No other correspondence with respect to any such insurance policies and/or claims has been received by me as of the date of this Affidavit.

(3) Acceptable Documentation for each of the sources of funds acquired as a result of the 2008 natural disaster(s).

By executing this Insurance Affidavit, 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 _____, 2009.

Applicant (Affiant) Signature

Print Applicant name (Affiant)

Joint Applicant (Affiant) Signature

Print Joint Applicant name (Affiant)

SUBSCRIBED AND SWORN TO before me, by the above-named Affiant(s) this, the ____ day of _____, 2009, to certify which witness my hand and official seal.

NOTARY PUBLIC

My Commission Expires: _____