# Duplication of Benefits CERTIFICATION

*This certification must be completed* ***every three months*** *by all applicants that will receive any assistance from the CDBG-CV funded PROGRAM NAME being offered by the City of [insert administrative entity]. The information within this certification will provide the City 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.*

Please identify any other food and nutrition assistance funds that the individual or family/household has received or anticipates receiving. Sources of funds include but are not limited to: Federal, state, and local government, church, or nonprofit assistance programs.

**I/We** have received the following recovery assistance funds:

|  |  |  |
| --- | --- | --- |
| **Assistance** | **Amount** | **Use of Funds** |
|  | $ |  |
|  | $ |  |
| Other (please name): | $ |  |

No members of the household have received any type of food and nutrition assistance in the last three months.

I hereby certify that:

1. **I/We have received no other food and nutrition assistance funds other than that set forth above, and I/we still have remaining individual or household food and nutrition needs.**
2. If I/We receive duplicated benefits, I will repay the duplicated benefits.
3. **I/We** certify under penalty of perjury that all information provided as part of this application is true and correct to the best of My/Our knowledge.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Print Name Signature*