

Disaster Relief Non-Duplication of Benefits Form

Applicant name (print): _____

This is to certify that the above named participant is not receiving duplication of benefits related to this declared disaster. These benefits include, but are not limited to:

- FEMA
- HUD
- Insurance coverage
- Small Business Administration
- State Disaster Relief Funds

Please complete one of the following sections below.

I certify, under penalty of perjury, that my household has not applied for, received, and does not expect to receive assistance from the above named sources.

Applicant signature _____ Date: _____

If assistance related to this declared disaster has been applied for, received, or is expected to be received, please list below:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Applicant signature: _____ Date: _____

Staff Verification

I understand that third-party verification and documentation is necessary for certifying that duplication of benefits will not occur as a result of funds being utilized for disaster relief. I have collected and maintained copies of all necessary documentation to the best of my ability.

Third party documentation provided:

Staff signature: _____ Date: _____

Self-Declaration of Non-Duplication of Benefits

Applicant name (print): _____

Third-party verification and documentation is necessary for certifying that duplication of benefits will not occur as a result of funds being utilized for disaster relief. However, I am unable to currently provide all the necessary documentation listed below. Should that documentation become available I will present it to this agency for its records.

Applicant signature: _____ Date: _____