

Missouri Housing Trust Fund-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 disaster. These benefits include, but are not limited to:

- FEMA
- HUD
- Insurance coverage (renters, homeowners, or home warranty)
- Small Business Administration
- State Disaster Relief Funds

Please complete one of the following sections.

☐ I certify, under penalty of perjury, that my household has not applied for, received, or does not have an active appeal from the above-named sources. I understand that assistance received at a later date that results in a duplication of any assistance received by MHDC will require a partial or full return of funds applied to duplicative activities.

Applicant signature: _____ Date: _____

☐ I certify, under penalty of perjury, that my household **has** received, or expects to receive assistance from the above-named sources. I understand that assistance received at a later date that results in a duplication of any assistance received by MHDC will require a partial or full return of funds applied to duplicative activities.

If assistance related to this disaster has been received, or is expected to be received, please complete the sources and verification sections below:

Sources Received:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Sources Pending Approval (or in appeal process):

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Description of Received or Pending Sources:

Please detail what the outside funds will be used for (i.e., roof repair, home repair, rental assistance, etc.)

Applicant signature: _____ Date: _____

If sources were identified above, please complete the section below.

Staff Verification of Non-Duplication of Benefits

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 confirm that third party documentation or a written description of attempts to obtain documentation is included in the client's file. Examples of acceptable documentation include:

- Proof insurance claim and decision
- Documentation provided by FEMA, HUD, or other state or local entities that confirms the assistance decision or application status.

☐ I confirm that third party documentation or a written description of attempts to obtain documentation is included in the client's file.

Staff signature: _____ Date: _____