

## 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.**

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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: \_\_\_\_\_

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I certify, under penalty of perjury, that my household has applied for, received, or expects to receive assistance from the above-named sources.

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

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If sources were identified above, please complete one of the verification sections on the next page.**

Updated: May 12<sup>th</sup>, 2025

**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 have collected and maintained copies of all necessary documentation to the best of my ability and have included these documents in the client's file.

Third party documentation is included in the client's file.

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 for the sources listed above. Should that documentation become available I will present it to this agency for its records.

Please provide a reason these documents are not available, and your attempts to obtain them:

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

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_