

Community Development Block Grant – COVID (CDBG-CV) Program

Self-Certification of Non-Duplication of Benefits

Date: _____ Assistance Type: _____

Applicant(s) Name: _____

Applicant Address: _____

Names of Persons in Household: _____, _____,
_____, _____, _____.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed to provide immediate and direct response to the COVID-19 global pandemic crisis. CDBG-CV funding is only available for eligible activities that address the prevention of preparation for, or response to the Coronavirus, particularly to benefit low to moderate income persons. To comply with the Stafford Act and prevent a DOB, West Virginia Development Office (WVDO) will account for and verify all assistance received by CDBG-CV applicants before awarding CDBG-CV funds to a project. Eligible Applicants for these funds must have previously provided the following required information to the Subrecipient (City or County Official) of WVDO funds:

- Income Documentation- listed on pages 13 and 14 in the CDBG-CV Policy and Procedures*.
- Program specific Applicant Certification Form provided by Subrecipient.
- Required Eligibility Documentation for specific assistance listed on pages 15-22 of CDBG-CV Policy and Procedures*.

****The CDBG-CV Policy and Procedures can be found on the WVCAD website***

<https://wvcad.org/resources>

I, the undersigned, hereby certify that no members of the household are currently receiving assistance and has not received assistance from any other source, such as gifts, federal money, local non-profits, or churches for rental expenses for the month of (insert month and year). The use of this assistance for any other expense shall constitute an inappropriate use of program funds which will be subject to repayment by Applicant up to the full amount of the optional relocation assistance received. Proof of eligible rental, utility, and mortgage expenses and/or receipts are due before additional assistance will be provided. In the event that I receive duplicated benefits, I will repay them to the CDBG-CV Program. In addition, The Stafford Act has been explained to me and I understand that a gap exists between funding sources I have received and the CDBG-CV-CV benefit that I would otherwise qualify for.

I certify that the completed form below is an accurate disclosure and understand that falsifying documents to obtain assistance is a criminal offense.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

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FUNDING SOURCES	RENTAL <i>or</i> MORTGAGE <i>and</i> UTILITY AMOUNT	SPECIFY TYPE OF ASSISTANCE AMOUNT (i.e. rental + utility)	TIME PERIOD OF FUNDS RECEIVED OR REQUESTING	COMMENTS
Monthly Assistance Needed	\$			
Local Funds: Non-profits				
County Funds				
Private Funds: (private insurance, private funding or fundraising)				
Other State Funds: (State housing agencies and other entities, West Virginia Public Service Commission Utility Reimbursement Fund, WV Department of Health and Human Resources Housing Programs)				
Other Federal Funds: (Treasury, FEMA, SBA, CDBG, CDBG-CV, ESG, ESG-CV, HOPWA, HOPWA-CV, CoC grants, Other Federal CARES Act Funding, HOME, particularly tenant based rental assistance (TBRA))				
CDBG-CV Program Total	\$			REQUESTED
TOTAL EMERGENCY ASSISTANCE CURRENTLY REQUESTING	\$			