



City of Goshen CDBG-CV3

Short-Term Rent Assistance Program

Duplication of Benefits Affidavit (“Affidavit”)

I/We, _____ affirm the following:

[Head of household and co-head of household (if applicable) must initial all statements indicating understanding and agreement]

1. I/We rent property at _____ within the City of Goshen, Indiana and are experiencing a financial hardship due to COVID-19 and need assistance with rent expenses. _____
2. I/We am/are executing this Affidavit in connection with the Short-Term Rent Assistance Program with the City of Goshen and Community Development Block Grant funds. _____
3. In addition, I/we have received or will receive the following amounts and types of assistance from the sources listed below for rent assistance for the same month(s) in which we are seeking assistance from the City. _____

	Amount of Assistance	For which month(s)
Elkhart Township Trustee	\$	
Salvation Army	\$	
Interfaith Hospitality Network	\$	
LaCasa	\$	
Other agencies	\$	
Church (specify)	\$	
Other/Additional assistance received	\$	

4. The Stafford Act and 42 USC 5155(a) strictly prohibits the receipt of duplicative assistance utilizing Federal funds, particularly funds allocated as a result of a disaster or urgent need. Duplicative assistance/Duplication of benefits can be characterized by receiving an amount greater than the need. Every effort must be made to monitor for and prevent the occurrence of duplicative assistance. _____
5. I/We understand that the amount of assistance received by me/the household from the City of Goshen must be reduced by the amount of duplicative assistance received or will be received for the household from other sources for the same purpose. For example, if rent amount due was \$500 and Agency 1 assisted with \$400, the City can/will not assist with more than \$100. _____
6. Should a duplication of benefits occur, I/we **must** repay the assistance received from the City of Goshen. _____

7. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by me/the household from the City of Goshen, or further legal action, may be required in the event that I/we provide false, incomplete or misleading information in this Affidavit or throughout the program application process. _____

Signature of Applicant/HOH _____

Printed Name of Applicant/HOH _____

Date _____

Signature of Adult Member/Co-HOH _____

Printed Name of Adult Member/Co-HOH _____

Date _____