State of Georgia

Department of Community Affairs

**DUPLICATION OF BENEFITS CERTIFICATION**

The undersigned, on behalf of and as a duly authorized agent and representative of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant), certifies and represents that all information contained in and enclosed with the **Georgia Department of Community Affairs (DCA), Community Development Block Grant-Disaster Recovery (CDBG-DR)** Duplication of Benefits Verification Review Worksheet is true to the best of his or her knowledge and acknowledges that the insert Name of Subrecipient (example City of Brunswick) has relied on such information to request a Duplication of Benefits Verification from DCA.

The Applicant also certifies that s/he has disclosed to the insert Subrecipient in the application process, all FEMA, SBA, insurance proceeds, and other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance may be provided by the insert Subrecipient.

The Applicant certifies that s/he will disclose to the insert Subrecipient all future FEMA, SBA, insurance proceeds or other funds received from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance has been provided for three years from the date that assistance is awarded by the insert Subrecipient.

The Applicant acknowledges that s/he may be prosecuted by Federal, State, or local authorities and/or that repayment of all disaster recovery funds may be required in the event that the Applicant makes or files false, misleading, or incomplete statements and/or documents. The Applicant also agrees to repay any assistance later received for the same purpose as the CDBG-DR funds for three years after the receipt of the CDBG-DR funds awarded by insert Subrecipient.

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Applicant Signature Date

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Printed Name

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

Co-Applicant Signature Date

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

Printed Name

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

Witness Date

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Printed Name Application Title

