



**City of Santee**  
**CDBG-CV (Coronavirus) Rental Assistance Program**  
**Duplication of Benefits Self-Certification**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Part 1**

This section identifies any sources of funds that the rental assistance applicant has applied for or received as a result of COVID-19 Pandemic impacts. Sources of funds include but are not limited to: Federal, state and local grant programs or nonprofit programs. Please mark any of the boxes below which apply to your current and prior requests for rental assistance:

I **HAVE NOT** applied for or received rental assistance funding from Federal, state, local programs or from any other source.

I **HAVE** received rental assistance funding from the following programs to assist in responding to the impact of the COVID-19 Pandemic:

1) Program Name:

Amount requested: \$

Amount received: \$

Date received:

How funds are being used (please be specific and include months rental assistance was received):

2) Program Name:

Amount requested: \$

Amount received: \$

Date received:

How funds are being used (please be specific and include months rental assistance was received):

I have **APPLIED FOR** rental assistance, and my application is **PENDING** from the following programs:

1) Program Name:

Amount requested:

How funds are being used (please be specific and include months rental assistance was applied for):

2) Program Name:

Amount requested:

How funds are being used (please be specific and include months rental assistance was applied for):

**Part 2: CERTIFICATION**

As a recipient of a CDBG-CV and/or CDBG funds under the City of Santee’s CDBG-CV Funded Rental Assistance Program I assert that:

1. I will not apply for more funding than needed for the eligible activity for which CDBG-CV funds are provided. Applicants are limited to a maximum of \$1,900 per month of rental assistance for one (1) to three (3) months and a maximum of \$5,675 in total assistance.
2. I understand that duplication of benefits (DOB) are prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).
3. I will immediately report to the City of Santee’s Department of Development Services if I apply for or accept any rental assistance from other funding sources (federal, state, local or private) that constitute a duplication of benefits received under the City of Santee’s CDBG-CV Funded Rental Assistance Program.
4. I acknowledge that any duplication of funds may either have to be paid back to the City or that the grant funds may be reduced by a corresponding amount.

**I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.**

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2022

Applicant’s signature: \_\_\_\_\_

Applicant’s printed name: \_\_\_\_\_