Click or tap here to enter text.

**Duplication of Benefits (DOB) Due Diligence Attestation Form**

**Directions**: Applicants are required to complete this Attestation Form if Program Staff identify discrepancies, but are unable to obtain clarification from relevant third-parties e.g. Insurance Agencies, FEMA, SBA, etc.) within either a reasonable period of time or thirty (30) calendar days. Program Staff may not submit applications for QA/QC until adequate information is collected from third-parties or the application completes the attestation below.

Applicants shall list all proceeds received, the amount received, and the purpose/use of those funds as it relates to the specific program they are applying for. This must follow the specific Program’s Policies and Procedures.

|  |  |  |
| --- | --- | --- |
| **Type of Funds Received***(e.g., insurance, homeowner’s insurance, SBA loan, personal loan, donations etc.)* | **Amount of Funds Received** | **Purpose or Use of Funds** *(e.g., rental assistance, business assistance, construction, etc.)* |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |

I certify under penalty of perjury that the information contained in this form is true and correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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