



Duplication of Benefits Certification

NOTE: This form should be completed for each unit included in the application

Please identify the funds received to date for the subject property. These funds are associated with damage caused by the March or August Floods of 2016.

Property Address: _____

If funds were received, you must provide evidence of the dollars indicated below within the application.

SBA: \$ _____

NFIP: \$ _____

Insurance Proceeds: \$ _____

Other: \$ _____

Briefly explain:

I did not receive any funds to assist in the repair of my rental property

By signing this form, I certify that I have identified all known funds received to date for the subject property

Applicant Signature _____ Date _____