

LANCASTER COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM DUPLICATION OF SERVICES CERTIFICATION

Federal COVID Relief funding for rental and utility assistance requires that all grantees must ensure that there is no duplication of services in order to maximize all available resources.

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Emergency Rental Assistance Program (ERAP) funds cannot be used to pay for eligible costs that have already been paid for, or will be paid for, by another Federal program, such as the Community Development Block Grant (CDBG-CV) or Emergency Solutions Grant (ESG-CV) funds, the state Rent Relief Program (RRP), insurance, or other sources. If this occurs, the funds must be repaid to the Lancaster County Housing Authority, as applicable.

Tenants must provide a self-certification indicating that they have not received a duplicative benefit and listing potentially duplicative assistance that they have already received, or reasonably anticipate receiving, and through other means. This self-certification must be completed PRIOR to the provision of assistance.

Tenant(s) Name (First, Last): _____

Address: _____

Landlord: _____

Have you applied and received rental and/or utility assistance since March 2020? () YES or () NO

If Yes, please mark (X) which program(s) you applied and received funding and mark (X) for the months that you received rental or utility assistance.

- _____ Rent Relief Program (RRP)
- _____ EPN CDBG/ESG Rent Relief Program
- _____ Other Lancaster County Relief Program

Month	Rent	Utility	Month	Rent	Utility
March 2020	_____	_____	October 2020	_____	_____
April 2020	_____	_____	November 2020	_____	_____
May 2020	_____	_____	December 2020	_____	_____
June 2020	_____	_____	January 2021	_____	_____
July 2020	_____	_____	February 2021	_____	_____
August 2020	_____	_____	March 2021	_____	_____
September 2020	_____	_____	April 2021	_____	_____

I _____; do hereby verify that the facts set forth in the above-mentioned intake are true and correct to the best of my personal knowledge or information and belief, and that any false statements herein are made subject to the penalties of:

“PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18 Section 1001, provides: “Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned bot more than five years, or both.”

Applicant/Head of Household (Print Name) Date

Co-Applicant/Co-Head (Print Name) Date

Adult Household Member (Print Name) Date

Adult Household Member (Print Name) Date