

DUPLICATION OF BENEFITS AFFIDAVIT

INSTRUCTIONS

The affidavit is divided into five (5) parts:

1. Assistance received from other programs;
2. Insurance assistance received;
3. Government, bank and any and all other funding received.
4. Attachments; and
5. Signature(s)

Read each component in full and provide the accurate information.

Part 1. Duplication of Benefits Affidavit

This affidavit must be completed by all beneficiaries that have applied for and/or received any assistance from the CDBG-CV (CARES Act). The information within this affidavit will provide the City of La Crosse with vital information required by the Stafford Act Section 312 on Duplication of Benefits.

Indicate with an "X" the program(s) for which you are applying AND any program you have previously received funds from.

[_____]
[_____]
[_____]
[_____]

Part 2. Insurance Duplication of Benefits Affidavit

Insurance company information must be completed even if the Company named herein did not receive insurance monies as compensation for the COVID-19 event. If there was insurance on the property, the name of the insurance company, policy number, claim number, and settled amount, if any, must be completed. Copies of the insurance policies in place at the time, and any correspondence with the insurance companies on or after March 13, 2020 must be attached to this affidavit.

1. I hereby state that I am the owner of property at [_____] (the "Applicant") and am duly authorized by the Applicant to make the certifications contained in this Affidavit on behalf of the Applicant.

2. I hereby state and certify to the United States Department of Housing and Urban Development and to the City of La Crosse as follows (please check one blank):

On any date on or after March 13, 2020, business interruption or any other kind of insurance **WAS** carried and in force for [insert name of company].

On any date on or after March 13, 2020, **NO** business interruption or any other kind of insurance was carried and in force for the property listed above.

If insurance was carried by _____ [insert name of company], fill in the information requested below using the insurance information in effect as of March 13, 2020

Please provide information regarding any such insurance policies and information regarding claims filed and paid, if any, in the designated spaces below. If no claim was filed under an insurance policy listed below, fill in the applicable blank with "None."

Insurance Company Name	
Policy Number	
Type of Insurance	
Claim Number	
Settled Amount	

Insurance Company Name	
Policy Number	
Type of Insurance	
Claim Number	
Settled Amount	

Insurance Company Name	
Policy Number	
Type of Insurance	
Claim Number	
Settled Amount	

Insurance Company Name	
Policy Number	
Type of Insurance	
Claim Number	
Settled Amount	

Part 3. Government, Bank and Other Funding Sources Duplication of Benefits Affidavit

This section identifies any sources of funds received as a result of the COVID-19 event other than insurance. Sources of funds include but are not limited to: Federal, state and local loan/grant programs, private or bank loans, nonprofit donations or loans. Please indicate below the amount allocated from any and all funding sources not.

Source of Funds #1

Lender/Grant Provider Name		
Purpose		
Amount		
Government Loan	Government Grant	Government Forgivable Loan
Nonprofit Grant	Nonprofit Loan	Nonprofit Forgivable Loan
Private Loan	Other: _____	

Source of Funds #2

Lender/Grant Provider Name		
Purpose		
Amount		
Government Loan	Government Grant	Government Forgivable Loan
Nonprofit Grant	Nonprofit Loan	Nonprofit Forgivable Loan
Private Loan	Other: _____	

Source of Funds #3

Lender/Grant Provider Name		
Purpose		
Amount		
Government Loan	Government Grant	Government Forgivable Loan
Nonprofit Grant	Nonprofit Loan	Nonprofit Forgivable Loan
Private Loan	Other: _____	

Source of Funds #4

Lender/Grant Provider Name		
Purpose		
Amount		
Government Loan	Government Grant	Government Forgivable Loan
Nonprofit Grant	Nonprofit Loan	Nonprofit Forgivable Loan
Private Loan	Other:_____	

Part 4. Attachments

Attached to this Affidavit are copies of the following:

1. Each insurance policy in force on or after March 13, 2020
2. All correspondence relating to the insurance policies described in (1) of this sentence, including correspondence regarding any claims filed under such insurance policies. No other correspondence with respect to any such insurance policies and/or claims has been received by me as of the date of this Affidavit.
3. Acceptable Documentation for each of the sources of funds acquired as a result of the COVID-19 event.

Part 5. Signature(s)

By executing this Insurance Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the ____ day of _____, 20XX.

Applicant (Affiant) Signature Print

Applicant name (Affiant)

Joint Applicant (Affiant) Signature Print

Joint Applicant name (Affiant)