



City of San Benito CDBG-CV
 Coronavirus Aid, Relief and Economic
 Security Act
 Hardship Assistance Program

STAFF ONLY
 COVID-19 REF # _____

Duplication of Benefit Affidavit

Regarding this application for assistance, I / We, the undersigned, hereby state under oath that as of April 1, 2020, I / we have not received any type of assistance from any source for the same time period or the same following purpose (double click on the boxes below to select):

- Gas Service
- Electric Service
- Mortgage Assistance
- Rental Assistance
- Water/Sewer Service

 Applicant's Signature

 Co - Applicant's Signature

Date: _____
 Address: _____
 Contact #: _____

Date: _____
 Address: _____
 Contact #: _____

Provide any financial assistance already received through any other program/agency:

Name of Agency or Program that provided Assistance	Type of Assistance Received	Dates the assistance covered	Benefiting \$ Amount
	<input type="checkbox"/> Gas Service		
	<input type="checkbox"/> Electric Service		
	<input type="checkbox"/> Water/Sewer Service		
	<input type="checkbox"/> Mortgage Assistance <input type="checkbox"/> Rental Assistance		

Attach Additional Pages if needed

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

ACKNOWLEDGEMENT

State of Texas §
 County of Cameron §

This instrument was acknowledged before me this _____ day of _____, 20____, by
 _____ and _____.

 Notary Public Signature
 My Commission Expires:
