

## Duplication of Disaster Benefits Affidavit

<b>OTHER ASSISTANCE RECEIVED:</b> - Assistance provided under the SHIP Program for disaster may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). Receiving other benefits does not prevent you from receiving CCHS benefits.		
Did you register with FEMA or other disaster related assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you applied for any event related assistance from any source (local, state, federal, private)? If yes, proceed with this section.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>A. FEMA</u></b>		
Have you received any disaster related assistance from FEMA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Approved?	Amount Received to date:	\$
What is your FEMA Registration Number?		
<b><u>B. Small Business Administration (SBA)</u></b>		
Have you received any event-related assistance from the SBA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Approved?	Amount Received to date:	\$
What is your SBA Application Number?		
What is your SBA Loan Number?		
What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc.		
<b><u>C. Home Owner Insurance (or Renter Insurance)</u></b>		
Have you filed a claim with your insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Approved?	Amount received to date:	\$
<b><u>D. Did you receive any other assistance due to disaster?</u></b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal, state, or local assistance (SHIP, CSBG, HFSP, TANF, or other Human Services programs).		

Recipient Statement: The information on this form is to be used to determine eligibility. I/we certify that the statements are true and complete to the best of my/our knowledge and belief under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree.

\_\_\_\_\_  
Signature (head of Household) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Co-head of Household) \_\_\_\_\_  
Date

<b><u>FOR AN OATH OR AFFIRMATION:</u></b>	
STATE OF FLORIDA	
COUNTY OF _____	
Sworn to (or affirmed) and described before me this ____ day of _____, 20____, by _____.	
(NOTARY SEAL)	
Signature _____	
_____	Name of Notary (Typed, Printed, or Stamped)
Personally Known _____ OR Produced Identification _____	
Type of Identification Produced _____	