# CDBG-DR Duplication of Benefits Certification/Affidavit for Developers (Housing)

I. Project and Applicant Information (To be completed by all applicants)

Application Type:  LIHTC Gap Financing  Small Non-LIHTC Rental

Homeownership Production Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Project Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Project Address (Line 1)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Project Address (Line 2)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Ownership Entity[[1]](#footnote-1)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Project Sponsor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Sponsor Address (Line 1)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Sponsor Address (Line 2)

Background and Purpose

Duplication of Benefits (DOB) is a simple concept. In lay terms, the concept of duplicated benefits can be described as “double dipping.” For example, imagine an apartment owner whose building was destroyed by a natural disaster. Fortunately, the owner was well insured, and insurance covered the entire cost of rebuilding the building. In such a case, it would be clearly unreasonable for that owner to seek financial assistance from government funded disaster recovery programs to reimburse them for the cost of rebuilding the apartment building.

More formally in the context of funding under the Community Development Block Grant – Disaster Recovery (CDBG-DR) program as overseen by the US Department of Housing and Urban Development (HUD), this straightforward concept is grounded in both the Stafford Act and the Disaster Recovery Reform Act of 2018 as well as in the Cost Principles found in 2 CFR Part 200.

A presidential disaster declaration (DR-4420) was issued in response to Winter Storm Ulmer in early 2019. Subsequently, the Nebraska Department of Economic Development (DED) received CDBG-DR funding from HUD to address unmet needs in affected areas. Among its use of these funds, DED is investing in the production of both affordable for-sale and rental housing through its Affordable Housing Construction Program (AHCP) which has three elements or “sub-programs.” Federal rules require DED to conduct a DOB review when processing applications for CDBG-DR assistance under the AHCP.

From a formal standpoint the DOB review is a distinct requirement. However, functionally it is related to and overlaps with other requirements that DED underwrite housing projects to ensure that CDBG-DR assistance is not excessive, taking into account the totality of a project’s financing.

In reviewing an AHCP application, DED is required to consider whether an applicant has already received other public or private disaster-related compensation or benefits that would otherwise have been expected to be invested in the proposed project. If there is duplicative assistance, DED may be required to reduce the award of CDBG-DR funds or potentially deny the application altogether.

In practice, this is uncommon. By its nature, AHCP is focused on producing affordable housing to increase the supply of units in disaster impacted areas, contributing to the future resilience. Most projects will be new construction, and even for those involving rehabilitation it is likely that any disaster-related compensation or benefits were already used toward repairs following the disaster but were insufficient to address other longer-term capital needs.

However, to satisfy HUD requirements, completion of this Duplication of Benefits Certification/Affidavit is required as a part of the application to DED for funding under any elements of the AHCP. The DOB Certification/Affidavit forms include two levels of attestation. Signatures *certifying* the Applicant-provided information as accurate are required at the time of application for CDBG-DR funding, or as otherwise requested by DED. Notarization is optional at the time of application. Once notarized, the certification of information within the form functionally converts the DOB Certification to a DOB *Affidavit*.[[2]](#footnote-2) A completed DOB Affidavit is required prior to program launch.

**Following the instructions below, please complete the remaining sections of this Certification/Affidavit.**

II. Disaster Impacted Property (To be completed by all applicants)

| Disaster Impacted Property | |
| --- | --- |
| *For purposes of this section, a property that was damaged by flooding or other severe weather conditions during Winter Storm Ulmer is considered “directly affected.” Similarly, the owner of such property is considered directly affected.* | |
| Was the property identified in Section 1 above directly affected by DR-4420, also known as Winter Storm Ulmer? | |
|  | **No,** the property to be developed and/or redeveloped was not affected by DR-4420. **If no, proceed to Section IV.** |
|  | **Yes,** the property to be developed/redeveloped was directly affected by DR-4420. |
| If yes, describe which household members were directly affected and how they were affected by the disaster in the space below and then complete Sections III and IV. | |
|  | |

III. Receipt Of Disaster Assistance Or Compensation (Only Complete If Property was Directly Affected)

| Receipt of Disaster Assistance or Compensation | | | | |
| --- | --- | --- | --- | --- |
| Question | | Yes | | No |
| Did the Owner, Sponsor, or any related party have an interest in the property as of the date(s) the property was directly affected by DR-4220? | |  | |  |
| If No: Provide the name of the owner(s) as of the disaster impact information. | |  | | |
| If No: Provide the contact of the owner(s) as of the disaster impact information, including phone and email. | |  | | |
| If Yes: Did the Owners, Sponsor, or any related party receive, or do they expect to receive, any compensation, benefits, or other assistance from any of the sources listed below to address the direct impacts of the disaster? | |  |  | |
| Governmental Assistance | | | | |
| Federal Emergency Management Agency (FEMA) Individual Assistance (IA) |  | |  |
| Emergency Solutions Grant (ESG) or McKinney-Vento Homeless Assistance Act (e.g., deposit/first month rent assistance, other homeless prevention services) |  | |  |
| Other state or local government program (including the Small Business Administration) |  | |  |
| Insurance | | | | |
| Flood Insurance (federal or private) |  | |  |
| Homeowners insurance |  | |  |
| Renters insurance |  | |  |
| Other insurance (e.g., life, auto, personal property) |  | |  |
| Non-Governmental Assistance | | | | |
| Grant or other cash assistance from a private source |  | |  |
| Loan from nonprofit or private source to finance replacement of property, immediate cash needs, etc. |  | |  |
| Any other direct or indirect assistance such as forgiveness of rent/utilities, fee waivers, donations of goods/services |  | |  |
| If answering yes to any item above, be prepared to provide additional documentation of the receipt and use of such assistance, and describe the assistance received in the space below: | | | | |
|  | | | | |

IV. Acknowledgement, Consent to Release Information & Certification (To be completed by all applicants)

CERTIFICATION/AFFIDAVIT

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss.

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affirm that the information I have provided in the following certification/affidavit and in the attached documents are true and accurate to the best of my knowledge.I understand that if this information is not correct, it may affect the amount of any funds I may receive or may lead to the recapture of disbursed funds by DED or HUD.

By placement of signature(s) below, I affirm:

* Am authorized to sign this Certification on behalf of the Owner and Sponsor indicated in Section 1;
* Consent to and authorize DED and/or authorized representatives, agents, and contractors (collectively, DED’s Authorized Representatives) to request, access, review, disclose, release, and share information, including any private or confidential information which is not otherwise subject to public disclosure, but is deemed necessary to process the Owner’s application at DED’s and/or DED’s Authorized Representatives’ sole discretion;
* Agree that any party disclosing information to DED and/or DED’s Authorized Representatives, in connection with such requests during their evaluation of this application, is not liable for any negligent misrepresentation or omission, and further agree to hold such parties harmless from and against all claims, actions, suits, or other proceedings and any and all losses, judgments, damages, expenses, or other costs, including reasonable attorneys’ fees and disbursements arising from or in any way relating to their disclosure;
* Acknowledge and understand that information gathered may be released by DED and/or DED’s Authorized Representatives to any other governing agency responsible for auditing or monitoring, including, but not limited to, HUD, HUD’s Office of Inspector General (OIG), and the Comptroller General of the United States;
* Acknowledge the right to revoke this permission to release information by providing written notification of same to DED and/or DED’s Authorized Representatives who will make reasonable efforts to comply within a reasonable time period, provided that there will be no effect on information that has already been received, used, or disclosed;
* Have a right to receive a copy of this authorization;
* Acknowledge and certify that the signing of this release is voluntary;
* Certify under penalty of perjury that the information herein and otherwise provided is complete and accurate to the best of my knowledge; understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willfully making a false or fraudulent statement to a department of the United States Government; understand that additional state or local civil and/or criminal penalties may also apply to the submission of materially false, misleading, or incomplete information; and
* Agree to provide any additional documentation required by DED and/or DED’s to document eligibility for assistance; and
* Agree to notify and submit an updated Certification to DED and/or DED’s Authorized Representatives within three (3) business days in the event any material changes to the information provided herein, including but not limited to the availability, receipt, or anticipated receipt of new or additional funding sources for the project.

V. Signature(s)

Choose one of the following options: **Certification**, for applicants not able to sign with a notary at this time, or **Affidavit**, for applicants able to sign with a notary.

**CERTIFICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of applicant, business or government entity)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Print Name/Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date (mm/dd/yyyy)

| Describe Authorized Representative’s role/relationship to the Owner or Sponsor: |
| --- |
|  |

**AFFIDAVIT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of applicant, business or government entity)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Print Name/Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date (mm/dd/yyyy)

| Describe Authorized Representative’s role/relationship to the Owner or Sponsor: |
| --- |
|  |

SUBSCRIBED AND SWORN TO before me, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name, Title), the \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_, to certify which witness my hand and official seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public State of Nebraska - Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Notary’s Commission Expires

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY SEAL

**WARNING:** The information provided on this affidavit is subject to verification by the State of Nebraska and HUD at any time. Title 18, Section 1001 of the US Code states that knowingly and willingly making a false or fraudulent statement to a department of the US Government can result in termination of assistance and civil and criminal penalties.

1. For Homeownership Production Program applications, this should be the entity that will hold title to homes during development, prior to the end sale to individual households. [↑](#footnote-ref-1)
2. An affidavit is a written declaration under oath ([Neb. Rev. Stat. §25-1241](https://nebraskalegislature.gov/laws/statutes.php?statute=25-1241)). [↑](#footnote-ref-2)