# CDBG-DR Duplication of Benefits Certification/Affidavit for Individual Homebuyers (Housing-HPP)

I. Applicant Information (To be completed by all Beneficiaries to the Housing Production Program (HPP))

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Head of Household Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Co-Applicant Full Name

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Current Legal Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address of Property Being Purchased

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 a homeowner whose house was destroyed by a natural disaster. Fortunately, the owner was well insured, and insurance covered the entire cost of rebuilding their home and replacing personal property. In such a case, it would be clearly unreasonable for that homeowner to seek financial assistance from government funded disaster recovery programs to reimburse them for the cost of rebuilding their home.

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 received CDBG-DR funding from HUD to address unmet needs in affected areas. Among others, DED has invested CDBG-DR funding in its Homebuyer Production Program (HPP). Through HPP, DED provides CDBG-DR funding to local government or nonprofit partners who are building single-family homes which are reserved for sale to income-eligible Nebraska residents. As part of HPP, buyers receive CDBG-DR assistance in the form of a second mortgage to help cover closing costs, down payment, and in some cases financing to “buy down” their first mortgage to keep monthly payments affordable. Collectively this is referred to as homebuyer assistance.

Federal rules require DED and its local development partners to conduct a DOB review when processing applications from eligible buyers. You are applying for CDBG-DR funded homebuyer assistance to help facilitate your purchase of the home identified in Section I above which was developed through HPP.

In reviewing your application, DED is required to consider whether or not you have already received other public or private disaster-related compensation or benefits that would otherwise have been expected to help you obtain new housing. If you have received duplicative assistance, DED may be required to reduce the award of CDBG-DR funds or potentially deny homebuyer assistance altogether.

In practice, this is uncommon. Most households who lost housing as a result of Winter Storm Ulmer have either already obtained replacement housing, exhausted any public or private benefits they received on temporary housing or on other eligible needs, or did not receive any disaster-related benefits at all. It is also important to note that a buyer does not need to have been directly affected by or received benefits related to Winter Storm Ulmer to purchase an HPP home and receive homebuyer assistance.

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*.[[1]](#footnote-1) A completed DOB Affidavit is required prior to closing on the property.

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

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

| Disaster Impacted Household |
| --- |
| *For purposes of this section, individuals or households whose housing and/or personal possessions were damaged or destroyed as a result of Winter Storm Ulmer (DR-4420) are considered “directly affected.”* |
| Were you or any member of your household directly affected by DR-4220, also known as Winter Storm Ulmer? |
| [ ]  | **No**, neither I/we nor other household members were directly affected by DR-4220. If no, proceed to Section IV. |
| [ ]  | **Yes**, I/we and/or other members of my current household were 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 Directly Affected)

| Receipt of Disaster Assistance or Compensation |
| --- |
| Question | Yes | No |
| Did you or any member of your current household receive, or expect to receive, any compensation, benefits, or other assistance from any of the following sources 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 provided in this certification/affidavit and the attached documents is 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/we additionally affirm that I/we:

* Acknowledge that DED and/or DED’s authorized representatives, agents, contractors, and the local development partner from whom I/we intend to purchase the home identified herein (collectively, DED’s Authorized Representatives) may access my/our personal information as a condition of my/our purchase and participation in the program. Previous and/or current personal information may be necessary to process my/our application for CDBG-DR assistance, including to determine the amount of homebuyer assistance. DED and/or DED’s Authorized Representatives may request information, including, but not limited to, personal identity, insurance claim information, bank and financial records, tax returns, employment, property records, income, and assets, in order to verify eligibility and appropriate assistance;
* Consent to and authorize the use or disclosure of personal information, as described above, for the purposes listed;
* Consent to and authorize DED and/or DED’s Authorized Representatives to request, access, review, disclose, release, and share personal information, including any private or confidential information which is not otherwise subject to public disclosure, but is deemed necessary to process my/our 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 my/our application, is not liable for any negligent misrepresentation or omission, and I/we 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 my/our 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 personal information that has already been received, used, or disclosed;
* Have a right to receive a copy of this authorization;
* Acknowledge and certify that my/our 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/our 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 Authorized Representatives to document my/our eligibility for assistance.

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**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Head of Household Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Co-Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name

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

**AFFIDAVIT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Head of Household Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Co-Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name

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

SUBSCRIBED AND SWORN TO before me, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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. An affidavit is a written declaration under oath ([Neb. Rev. Stat. §25-1241](https://nebraskalegislature.gov/laws/statutes.php?statute=25-1241)). [↑](#footnote-ref-1)