



JEFFERSON PARISH

EMERGENCY RENTAL ASSISTANCE PROGRAM

Duplication of Benefits Certification for Treasury Funds

(This form is required for all persons receiving assistance)

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The United States Treasury Department (TREASURY DEPARTMENT) requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with Treasury Department funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

This certification must be completed by any Subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with this TREASURY DEPARTMENT requirement.

I, _____
(Name/title of Landlord, Tenant, business owner(s), sub grantee (Public Social Service Entity), sub recipient, direct beneficiary, other entity)

Hereby certify that:

A. The Treasury Department ERAP Funds awarded to the Parish of Jefferson to provide rental assistance do not duplicate/replace any other rental assistance funds, from the following sources

1. Other Federal, State or local funding
2. Other nonprofit, private sector, or charitable funding.

B. Further, this executed certification serves to acknowledge that any sub grantee, Subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the TREASURY DEPARTMENT funds must be repaid if it is determined that such assistance is determined to be duplicative.

Signature and Date of: _____

Landlord, Tenant, Business owner(s), sub grantee (Public Social Service Entity), Subrecipient, direct beneficiary, or other entity

App ID: _____