

## HOME American Rescue Plan (ARP)

### DUPLICATION OF BENEFITS VERIFICATION FORM

Agency: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

#### INSTRUCTIONS

1. Identify all assistance received from other programs; supporting documentation;
2. Signature(s)

Read each component in full and provide the accurate information.

#### **Duplication of Benefits Affidavit (this is a legally binding document)**

This affidavit must be completed by all beneficiaries that have applied for and/or received any assistance from the HOME-American Rescue Plan (ARP) or other program offering support for the same services you are applying for. The information within this affidavit will provide Waukesha County with vital information required by the Stafford Act Section 312 on Duplication of Benefits.

The HOME-ARP program cannot help clients who are already being helped with the same cost/services by another program (including the client's required contribution to the cost/service). However, it can assist clients with other costs/services not already being covered.

Program:	Date Applied:	Received (Date):	Amount Received:	Application Pending	Cost/Service Being Received

Signed by Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If completed over the phone; staff member signature:

\_\_\_\_\_ Date: \_\_\_\_\_

## Due Diligence Documentation

There must be documentation showing the above is true, or documentation of the attempts to confirm the above is true. Please select what type of documentation was collected. Third-party is preferred. *All documentation must be attached to this form.*

### Third-Party Documentation

☐ Staff reviewed HMIS or Comparable Database showing the history of various program/shelter enrollments and confirmed there are no overlapping services.

☐ Letter, email or documented phone call with staff at a shelter or outreach center where the client has been receiving services.

☐ Letter, email or documented phone call with law enforcement.

### Staff Documentation

Describe the due diligence Staff has done to obtain third-party documentation, and obstacles to obtaining it, and why they ultimately could not. Staff state why they think the collected information seems correct. The Staff Documentation section must be filled out, if the third-party documentation section is not, for the household to be eligible.

## Staff Attestation

Based on the information provided by the household seeking assistance and evident by my due diligence, I believe everything stated above is true and correct.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_