



Community Development Block Grant CDBG-DR Verification of Benefits Insurance Attestation

STATE OF MISSOURI CDBG-DR
IN EFFECT FOR GRANT(S):
DR-4317: B-18-DP-29-0001
DR-4451: B-19-DP-29-0001

Subrecipient Name:		Project Number:
Intake Application Number:		
Applicant's Name:		
Co-Applicant's Name:		
Physical Address of Property:		
City:	State: Missouri	Zip Code:
Instructions		
<p>Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 1521 <i>et seq.</i>) prohibits any person from receiving assistance with respect to any part of a loss resulting from a major disaster for which he/she has received previous financial assistance from any other source, including real property insurance policy proceeds.</p> <p>To ensure there is no duplication of benefits, Applicants for CDBG-DR funds must document all real property insurance policies that covered the property from the date of the disaster event until present. Applicants must complete this form in its entirety even if they did not have real property insurance on or after the disaster. Applicants must report whether or not they filed claims or received any payment/settlement from an insurance company for damages caused by the disaster. Payment/settlement amounts also includes payments made directly by the insurance company to a contractor. Applicants must also submit documentation of the claim(s) and/or payment/settlement amount(s), as well as receipts or certification of how the funds were spent.</p>		
Certification		
<p>At the time of the disaster, did Applicant or Co-Applicant have a homeowner's insurance policy for the property listed above?</p> <p><input type="checkbox"/> Yes (Must provide copy of policy)</p> <p><input type="checkbox"/> No</p>		
<p>Has Applicant or Co-Applicant filed a claim with their insurance company for damages caused by the disaster event?</p> <p><input type="checkbox"/> Yes (Must provide copy of claim)</p>		

No (If Applicant's property sustained damage, you must file a claim or show proof of ineligibility)

N/A

From the date of the disaster event until present, has Applicant or Co-Applicant received a settlement payment from their insurance company?

Yes (Must provide copy of settlement and receipts documenting how funds were spent)

No (Applicant is still waiting on payment or claim was denied - provide documentation of claim application and/or denial letter)

N/A

Signature Clause

I acknowledge that the Subrecipient is relying on the information in this form and supporting documents to determine my eligibility for assistance under a program of the U.S. Department of Housing and Urban Development (HUD) for disaster relief (CDBG-DR).

I certify that all information and answers to the questions are true and complete to the best of my knowledge, and that all copies of documents provided are complete and accurate. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal or civil penalties.

Applicant's Printed Name:

Applicant's Signature:

Date:

Co-Applicant's Printed Name:

Co-Applicant's Signature:

Date:

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.