**DUPLICATION OF BENEFITS QUESTIONNAIRE**

# Program: CDBG-DR LOCAL MATCH

# Program Participant: VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

**Project Name:**

# FUNDS RECEIVED OR BUDGETED FOR THE PROJECT

|  |  |  |
| --- | --- | --- |
| **SOURCE OF FUNDS** | **Amount received for the project** | **Additional funds expected** |
| FEMA |  |  |
| Other Federal Agencies (Describe) |  |  |
| State Agencies |  |  |
| Budgeted Program Participant Funds (Annual Budget) |  |  |
| Private Insurance |  |  |
| National Flood Insurance |  |  |
| Nonprofit Organizations (Describe) |  |  |
| Other Funds (Describe) |  |  |
| TOTAL |  |  |

Documents Needed:

Along with this form, please provide documents that show the amounts received for the project from each source listed above. Note: All documents, including Program Participant budgets, must be retained and produced for review at the request of VIHFA or HUD.

CERTIFICATION:

I certify that the information provided in this questionnaire is true and accurate to the best of my ability. I understand that if this information is not correct, it may affect the amount of any grant I may receive or may lead to the recapture of disbursed funds by VIHFA or HUD.

Program Participant

Signature of Authorized Certifying Official

Printed Name of Authorized Certifying Official

Date

# WARNING: The information provided on this form is subject to verification by the Territory and the Department of Housing and Urban Development (HUD) at any time. Title 18, Section 1001 of the U.S. Code states that knowingly and willingly making a false or fraudulent statement to a department of the United States Government can result in termination of assistance and civil and criminal penalties.