

Duplication of Benefits
Emergency Solutions Grant Rapid Rehousing and Homeless Prevention

This form must be signed by the client(s) and the property owner/agent or landlord.

Client: _____

Address: _____

I hereby certify that the client(s) listed above are not receiving any other type of subsidy housing assistance from any other source.

Property Owner/Agent/Landlord

Date

I hereby certify that I am not receiving any other type of subsidy housing assistance from any other source.

Client Signature

Date

Client Signature

Date