

Self-Certification of Non-Duplication of Benefits

Date: _____

Applicant's Name: _____

Address: _____

In order to receive utilities assistance, the household is prohibited from receiving duplicated benefits. This is to certify that no members of the household has received any type of utilities assistance in the last three (3) months.

I, the undersigned, hereby certify that no members of the household is currently receiving utilities assistance and has not received utilities assistance from any other source, such as gifts, federal money, local non-profits, or churches, in the last three (3) months.

In the event that I receive duplicated benefits, I will repay the duplicated benefits.

I certify that this is an accurate disclosure. I certify and understand that falsifying documents to obtain assistance is a criminal offense for which I could be prosecuted.

Applicant Signature: _____