

PROPERTY/BUSINESS OWNER
FLOOD DAMAGE AND ASSISTANCE AFFIDAVIT
for Duplication of Benefit (DOB) and Consent to Release
Assistance Information

Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 74 U.S.C. § 8284 and 97 U.S.C. § 9636.

I/We, _____, affirm the following:

I/We own real property at _____ and make this Affidavit in connection with assistance by the State of Vermont, Community Development Block Grant - Disaster Recovery (CDBG-DR) program.

Due to flooding that occurred on _____, our property at the above address, sustained \$_____ in damages. This damage has been verified by a third party (verification documents must be attached).

I/We have received the following recovery assistance funds as the result of flooding that occurred. This is a listing of all funds related to the flooding event, which I/We have received.

FEMA	\$ _____
USACE	\$ _____
HMGP	\$ _____
Vermont Community Fund	\$ _____
Vermont Disaster Recovery Fund	\$ _____
NFIP Flood Insurance	\$ _____
Other Insurance	\$ _____
Other State Funds: _____	\$ _____
Other Federal Funds: _____	\$ _____
SBA LOANS: _____	\$ _____
Charitable Contributions: _____	\$ _____
Private Contributions: _____	\$ _____
Municipal: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

I/We have received no other assistance funds other than those set forth above.

I/We can produce proof of need in the total amount of \$_____ (documentation must be attached).

I/We hereby authorize the Federal Emergency Management Agency, the Small Business Administration, and other applicable state/federal/public/private agencies to release information, regarding total grants, loans, and assistance I received as flood recovery assistance, to the State of Vermont, Agency of Commerce and Community Development, to assist the Agency in determining my eligibility for this program.

I/We will notify the Agency of Commerce and Community Development, Department of Housing and Community Development (DHCD) if any additional proceeds or payments are received, whether they are from insurance, SBA, FEMA, or any other source, and whether or not such amounts are listed above. Per ACCD Policy 2.4.3 DHCD will determine in its sole discretion if such additional amounts constitute a Duplication of Benefit (DOB) and if some or all of the Proceeds are determined to be a DOB, and the portion that is a DOB shall be paid to the DHCD.

I/We understand that any misrepresentation or false information may result in my application being cancelled or denied, or in termination of assistance.

I/We understand that if any statements are found to be false, I/We may be subject to criminal, civil and administrative penalties and sanctions. I/We understand that fraud may be investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641.

I/We understand and agree to repay any assistance later received for the same purpose for which the CDBG-DR funds were provided. If required by ACCD, Applicant will enter into a Subrogation Agreement with ACCD for repayment of funds (See Appendix II to ACCD Policy 2.4.3.).

Applicant-Property.Owner.Signature

Date

STATE OF VERMONT

_____ COUNTY, SS.

At _____ this ____ day of _____, 2025, _____,
personally appeared and they acknowledged this instrument by them sealed and subscribed, to
be their free act and deed and/or the free act and deed of their authorizing entity.

Before Me:

Notary Public

My Commission Expires: _____

Notary License Number: _____

Applicant-Property.Owner.Signature

Date

STATE OF VERMONT

_____ COUNTY, SS.

At _____ this ____ day of _____, 2025, _____,
personally appeared and they acknowledged this instrument by them sealed and subscribed, to
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Before Me:

Notary Public

My Commission Expires: _____

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