

**City of Mission  
Community Development Department  
Texas Emergency Rental Assistance Program  
Duplication of Benefits Form  
(Tenant Form)**

Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Please mark the box below regarding any prior assistance:

- I/we have **not** applied for or received **any** funding assistance for rent and/or utilities from another agency in the past 12 months.  
(Initial) \_\_\_\_\_ (Initial) \_\_\_\_\_
- I/we have applied and received funding assistance from the following agencies to assist us with rent and/or utilities in the past 12 months. (Initial) \_\_\_\_\_ (Initial) \_\_\_\_\_

Please list name of all organizations and amount received:

Name: \_\_\_\_\_

Requested\$ \_\_\_\_\_ Received\$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Name: \_\_\_\_\_

Requested\$ \_\_\_\_\_ Received\$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Name: \_\_\_\_\_

Requested\$ \_\_\_\_\_ Received\$ \_\_\_\_\_ Date Received: \_\_\_\_\_

- Are there **any** applications pending from other agencies: Yes or No  
(IF yes name of agency and date applied)

Name: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

Final FY 2020 FMRs By Unit Bedrooms	
Year	FY 2020 FMR
<b>Efficiency</b>	\$573
<b>One-Bedroom</b>	\$577
<b>Two-Bedroom</b>	\$743
<b>Three-Bedroom</b>	\$955
<b>Four-Bedroom</b>	\$1,068

Resident Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_

**CERTIFICATION:** I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Tenant Signature: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_