City of Mission Community Development Block Grant CDBG-CV Emergency Rent / Mortgage / Utility Assistance Program **Duplication of Benefits**

(Client Form)

Date:			
Client Name:			
Client Name:			
Please mark the box below regarding any prior assistance:			
• I/we have <u>not</u> applied for or received <u>any</u> funding assistance for rent and/or utili the past 12 months. (Initial) (Initial) (Initial)		ency in	
I/we have applied and received funding assistance from the following agencies to utilities in the past 12 months. (Initial)		and/or	
Please list name of all organizations and amount received:			
Name:			
Requested \$ Pate Received:	Final FY 2023 FMRs By Unit Bedrooms		
Type of Assistance:MortgageRentLightWaterGas	Year	FY 2023 FMR	Mortgage
Months Assisted:	Efficiency	\$689	\$560
	One-Bedroom	\$693	\$660
Name:	Two-Bedroom	\$877	\$810
	Three-Bedroom	\$1,141	\$1,010
Type of Assistance:MortgageRentLightWaterGas	Four-Bedroom	\$1,257	\$1,110
Months Assisted:	Address:		
Name:			
Type of Assistance:MortgageRentLightWaterGas			
Requested \$ Date Received:	# of Bedrooms:		
Months Assisted:			
• Are there <u>any</u> applications pending from other agencies: Yes or No (If yes, n	ame of agency and o	date applied)	
Name:	Date:		
Name:	Date:		
CERTIFICATION : I certify that the information that I have provided above is an I understand that to perjure myself in order to obtain assistance is a fraudulent offe			
Client Signature:	Date:		
Client Signature:	Date:		