

City of Mission
Community Development Block Grant CDBG-CV
Emergency Rent / Mortgage / Utility Assistance Program
Duplication of Benefits
(Landlord Form)

Date: _____

Dear Owner/Landlord/Agent:

Please complete the following information regarding your current resident who has applied for funding assistance.

Thank you,
 Jo Anne Longoria, CD Director

Owner/Landlord/Agent Name: _____

Rental Agency Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Resident Name: _____ No. of Bedrooms: _____

Property Address: _____ Year Built: _____

- I/we have **not** received **any** insurance or other assistance for loss of rent and/or utilities from another agency to cover cost for the above resident in the past 12 months. _____(Initial)
- I/we have **not** received **any** funding assistance for rent and/or utilities from another agency to cover cost for the above resident in the past 12 months. _____(Initial)
- I/we have received funding assistance from the following agencies to assist our resident in the past 12 months. _____(Initial)

Please list name of all organizations, amount received, and months paid with the assistance:

Name: _____ Amount \$ _____

Months: _____

Name: _____ Amount \$ _____

Months: _____

Name: _____ Amount \$ _____

Months: _____

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 help another obtain assistance is a fraudulent offense for which I can be prosecuted.

Owner/Landlord/Agent Name: _____ Date: _____

Signature: _____

Final FY 2023 FMRs By Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2022-2023	\$689	\$693	\$877	\$1,141	\$1,257
<i>Effective: October 1, 2022</i>					