

**NASHVILLE-DAVIDSON COUNTY
HOMELESS CDBG-COVID-19
APPLICANT RENT/UTILITY DEPOSIT ASSISTANCE PROGRAM
QUESTIONNAIRE AND
AGREEMENT TO REPAY ANY DUPLICATION OF BENEFITS**

Date: _____

Applicant Name: _____

Applicant Name: _____

Unit Address: _____

Please mark the box below regarding any prior assistance:

- I/we have **not** applied for or received **any** funding assistance for rent or utility deposits for the unit located at the above address from another agency in the past 12 months.
(Initial) _____ (Initial) _____.
- I/we **have** applied and **received** funding assistance for rent or utility deposits for the unit located at the above address from the following agencies in the past 12 months. (Initial) _____ (Initial) _____.

Please list name of all organizations and amount received:

Name: _____

Requested\$ _____ Received\$ _____ Date Received: _____

- Are there **any** applications for rent or utility deposits for the above address pending from other agencies: Yes or No
(IF yes Name of Agency, Date Applied

Name: _____ Date: _____

I/we agree to promptly reimburse the Nashville-Davidson County CDBG-CV COVID-19 Rent/Utility Assistance program for any over-payments, payments received on my/our behalf from other sources in excess of the amounts needed to cover the necessary rent/utility deposits in order to enable me lease a unit at the above referenced address.

CERTIFICATION: I certify that the information that I have provided above is an accurate and complete disclosure.

Applicant Signature: _____

Co-Applicant: _____

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.