Duplication of Benefits Checklist

Case workers evaluating applicants for financial assistance (24 CFR part 576.105(a)) or rental assistance (24 CFR part 576.106(a)) costs under the ESG homeless prevention and rapid re-housing components can use this sample checklist as part of the intake or in determining the amount and duration of assistance that a prospective program participant needs. Integrate checklist questions into the intake process as much as possible to avoid repeating questions already asked and answered. Prior to completing this checklist, the case worker shall determine the appropriate amount of ESG assistance necessary to meet the program participant's unmet financial assistance or rental assistance needs.

Program Participant Duplication of Benefits Evaluation

Program Participant Full Name and HMIS ID (or comparable database ID):

1. Has the program participant previously applied for any other types of federal, state, local or private financial or rental assistance?

☐ **No**, the program participant has not applied for any other forms of assistance (skip to Question 2)

☐ **Yes**, applied for and was **denied** assistance. Select all that apply:

☐ rental assistance ☐ rental arrears ☐ moving costs ☐ utility payments
☐ security deposit ☐ last month's rent ☐ utility deposits

List forms of assistance applied for and denied:

Program Name	Amount	Requested Period of Assistance	Date Applied

☐ **Yes**, applied for and **has not yet received** an application approval or disapproval. Select all that apply:

☐ rental assistance ☐ rental arrears ☐ moving costs ☐ utility payments
☐ security deposit ☐ last month's rent ☐ utility deposit

List forms of assistance applied for and not yet received:

Program Name	Amount	Requested Period of Assistance	Date Applied

☐ **Yes**, applied for and **received** assistance. Select all that apply:

☐ rental assistance ☐ rental arrears ☐ moving costs ☐ utility payments
☐ security deposits ☐ last month's rent ☐ utility deposits

List forms of assistance received, the amount, and the period of assistance:

Program Name	Amount	Period of Assistance *(from MM/DD/YYYY – to MM/DD/YYYY)*

2. Does the program participant anticipate applying for additional assistance in the next six months?
   ☐ Yes ☐ No ☐ Unsure

Client Name:	
Client Signature:	**Date:**

Case Manager Name:	
Case Manager Signature:	**Date:**

Case Manager DOB Determination (Office Use Only)

If the program participant has applied for other sources of financial or rental assistance and not yet received a response indicating their application was approved or denied, did they withdraw any applications that would constitute a potential duplication of benefits? ☐YES ☐NO

The proposed use of ESG funds would constitute a duplication of benefits and ESG housing relocation and stabilization financial assistance costs cannot be provided at this time. ☐YES ☐NO

The proposed use of ESG funds would not constitute a duplication of benefits and the program participant is eligible to receive ESG housing relocation and stabilization financial assistance. ☐YES ☐NO

Instructions for Case Manager

This form shall only be used to document the duplication of benefits determination for financial assistance or rental assistance under the ESG homelessness prevention or rapid re-housing components. Case Managers are responsible to separately determine: 1) the program participant's eligibility; and 2) the appropriate amount of ESG assistance.

If a program participant has applied for and received financial assistance or rental assistance from other entities, the case manager should ensure that the proposed ESG assistance will not result in a duplication of benefits.

If a program participant has applied for and not yet received a response from another source of assistance, the case manager should identify which applications, if approved, would constitute a duplication of benefit. The program participant shall withdraw those applications prior to receiving ESG assistance.