



Recovery Supportive Living Assistance (RSLA) Duplication of Benefits Form (Landlord)

Date: _____

Please complete the following information regarding your current resident who has applied for Recovery Supportive Living Assistance.

Thank you,

Carmen Combs Marks, SUDI Coordinator

Owner/Operator Name: _____

Agency/Program Name: _____

Phone Number: _____ Email: _____

Resident Name: _____

Property Address: _____

- I/we have **not** received **any** insurance or other assistance for loss of rent 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 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 and amount received:

Name: _____ Amount \$ _____

Name: _____ Amount \$ _____

Name: _____ Amount \$ _____

CERTIFICATION: I Certify that the information that I have provided above is an accurate and complete disclosure. I understand that falsifying information in order to help another obtain assistance is a fraudulent offense for which I can be prosecuted.

Owner/Landlord/Agent Name: _____ Date: _____

Signature: _____

