



Flood Relief Assistance Self-Attestation Form

To be completed by adult household members who are applying for assistance with CSBG Disaster Supplemental Funds.

I hereby certify that my household did not receive or was not eligible to receive assistance from FEMA or private insurance for the same costs I am seeking assistance for at ENCAP.

I attest that the all the answers, information and documentation I provided on my application for financial assistance are true and accurate to the best of my knowledge. I understand that if any answer, information, or documentation I provided is untruthful or incomplete, my application will be denied.

Applicant Name:

Date: