## **Checklist Verification of No Other Subsidy**

THIS FORM TO BE COMPLETED BY AGENCY STAFF				
RE:		Applicant's Name (print)	N <u>XXX-XX-</u> (last four digits or another	identifier)
Address of Proposed Unit				
Rental Assistance funds from programs such as HOME TBRA, ESG, CoC, and HOPWA cannot be used with other forms of government subsidy for the same expense.				
Agency staff must certify to the following steps to ensure no other subsidy is being received on the proposed unit:				
[ ]	[]	· · · · · · · · · · · · · · · · · · ·		<b>Tip:</b> Also check for a Lease Addendum as sometimes subsidy may be described there, if not in the lease.
	[]			
[]	Agency [ ] [ ]	This property <u>DOES</u> appear on the list, but it indicates some unsubsidized units (This unit may or may not eligible, please verify with property manager or landlord)		
[]	Agency Staff have spoken with the property manager and/or landlord, who has ensured staff:			
	[]	This unit <u>IS NOT</u> receiving another subsidy		
	[ ]	This property has some units that are subsidized, but the proposed unit is not		
	[ ]	This property has some units that are subsidized, and this unit is one of them (This unit is <u>NOT</u> eligible!)		
	[ ]	This property only has subsidized units (This unit is NOT eligible!)		
I certify this information is true and complete.  Staff Name and Title  Signature  Date				
Staff Name and Title Signature Date				

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

KHC Form HCA-306 (Rev. 4/23)

