

LOS ANGELES COUNTY HOUSEHOLD RELIEF GRANT

Applicant Certifications

In connection with the Los Angeles County Household Relief Grant program (the “Program”), administered for the purposes of distributing Program grants throughout the County of Los Angeles through its Department of Consumer and Business Affairs (“DCBA”), the undersigned (“you” or the “Applicant”), acknowledges and agrees that DCBA and The Center for Strategic Economic Studies and Institutional Development, Inc. (“The Center”), as the designated intermediary of the Program, each may rely on the below certifications in determining your eligibility for the Program and receipt of a grant under the Program.

The undersigned further acknowledges and agrees that if (i) any of the following certifications are untrue, (ii) you knowingly makes any false or misleading statement or material omission in the information or materials required or requested from you, or (iii) you use any grant funds for any unauthorized purpose, DCBA and/or The Center may require that you repay such grant funds or may take any other legal or equitable recourse available, including, without limitation, by seeking remedies for fraud.

By executing this document, the Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

___ 1. The undersigned signatory is the primary resident of its household, and is and will be at least eighteen (18) years of age as of the date of execution and submission of Applicant’s Program application.

___ 2. Applicant represents and warrants that it meets all of the eligibility requirements for this Program, including but not limited to, that the residence located at the address below is Applicant’s primary residence and such residence was impacted by the 2025 Los Angeles County Eaton and Pacific Palisades fires and windstorm events.

___ 3. The Applicant represents and warrants that its primary residence is in the following condition as a result of the 2025 Los Angeles County Eaton and Pacific Palisades fire and windstorm events: (a) partially destroyed or severely damaged, making it uninhabitable; or (b) completely destroyed.

___ 4. Applicant understands that the Program is intended to provide immediate temporary relief and, as such and in the event a grant is received by the Applicant, generally may not be considered taxable income and is unlikely to impact eligibility for public benefits. Applicant acknowledges and agrees that individual tax circumstances may vary, and that if Applicant is awarded a grant under this Program, the applicant should consult with a tax professional or their benefits provider to understand any potential implications specific to their situation. Neither DCBA, its partners, or its designees are responsible for any impacts on taxes or benefits resulting from the acceptance of, nor are they purporting to provide tax, legal or benefits-related advice regarding any grant funds that may be awarded under this Program.

___ 5. If a grant is received by the Applicant, such grant funds will be used only for costs and/or expenses of Applicant associated with unmet recovery needs (a) arising out of 2025 Los Angeles County Eaton and Pacific Palisades fires and windstorm events and (b) not covered by other forms of assistance.

___ 6. If a grant is received by the Applicant, no portion of the grant funds will be used for any purposes other than those identified in Section 5 above. The Applicant acknowledges and agrees that if all or any portion of the grant funds are used for any unauthorized purposes, DCBA may hold the undersigned, the Applicant and/or any other owner thereof legally liable, including, but not limited to, liability for possible charges of fraud.

___ 7. This Program aims to offer immediate financial assistance to impacted households, helping bridge financial gaps and promote the general welfare of affected individuals and families until insurance or government recovery resources become available. Applicant acknowledges and agrees that if a grant is received by the Applicant, funds cannot duplicate other assistance received for the same expenses, including FEMA aid, insurance, or other relief programs. Applicant further acknowledges that all questions regarding how receipt of grant funds under this Program may impact other aid, Applicant must consult FEMA, legal aid, or a tax professional.

___ 8. The Applicant has not and will not apply for or receive any other grant through or under the Program. The Applicant agrees that if a second award is issued to itself or any other member of the household located at the residential address below, then one or both awards will be voidable at the discretion of DCBA and/or The Center, as applicable.

___ 9. The undersigned, on behalf of the Applicant, hereby authorizes DCBA and its designated authorized representatives, including without limitation The Center, to request access to, and to review, the Applicant, the Applicant's tax return information and other information related to the Applicant and its owners that may be requested by such representatives, which may include an investigatory background check of the Applicant or its household members. The Applicant acknowledges that The Center will confirm the Applicant's eligibility for the Program and the eligible grant amount thereunder based, in part, on the tax and other documents provided by the Applicant, and DCBA may rely on such confirmation and tax and other documents in making a grant to the Applicant. The Applicant further affirms that the tax return information provided in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. The Applicant understands, acknowledges and agrees that DCBA and its authorized representatives, including without limitation The Center, may share such tax information and other documentation with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

___ 10. All information provided by or on behalf of the Applicant, including without limitation the information contained in the Applicant's grant application submitted for the Program and any and all information provided in support of Applicant's application under the Program is and will be true and accurate in all material respects.

___ 11. The Applicant acknowledges that DCBA and The Center are each relying upon the certifications made in this document in addition to any other certifications made by the Applicant in connection with its application for the Program. The Applicant further acknowledges and agrees that all certifications made by the Applicant in connection with the Program are made in good faith.

Signature

Date

Print Name

Applicant Tax Identification Number

Applicant Impacted Residence Address