

CDBG PROGRAM APPLICATION
 Entitlement Community of: _____
 Income Eligibility Certification Form

Qualified Documents Application

Participants of the Federally-funded Community Development Block Program (CDBG) must disclose personal information for reporting and eligibility purposes. Please print legibly and answer all questions completely.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Please use this form only if you receive any items from ① to ④ below:

	Qualification Documents	Mark Yes or No	Obtain Source Documentation	Who gets copy?
①	TANF (Temporary Assistance for Needy Families)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Award Letter must be provided and not be older than 6 months of date of this application.	Agency & UCP
②	Medicaid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Award Letter must be provided and not be older than 6 months of date of this application.	Agency & UCP
③	SNAP (Food Stamps)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Award Letter must be provided and not be older than 6 months of date of this application.	Agency & UCP
④	Reside in Housing Authority	Yes <input type="checkbox"/> No <input type="checkbox"/>	A Utility Bill indicating address or a letter from the Housing Authority indicating resident	Agency & UCP
	Which Housing Authority? _____			

A. Does applicant live in the city limits? Yes If Yes, what city? _____ No

B. Applicant Information

Applicant: _____
 Address: _____
 City: _____ TX Zip Code _____
 Telephone # _____ Other Contact # _____

C. Household Members List names of persons in your household, Date of Birth and indicate if members are Disabled.

#	Last Name	First Name	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

D. Characteristics

1 Hispanic Yes No

2 Race (check one)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian / Alaskan Native & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black / African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native & Black | <input type="checkbox"/> Other Multi-Racial |

3 Number of Persons Benefiting from Services: _____

E. Certification of Applicant

Please complete Step 1 (Household size) and Step 2 (Income Level)

Step 1

Step 2 HUD Income Limits as of:

Effective Date: July 1, 2021

Mark X to indicate your income level in your size of household

Household Size (Mark X)	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)	Over Income
<input type="checkbox"/> 1 Person	<input type="checkbox"/> Under \$12,800	<input type="checkbox"/> \$12,800 to \$21,350	<input type="checkbox"/> \$21,350 to \$34,100	<input type="checkbox"/> Over \$34,100
<input type="checkbox"/> 2 Persons	<input type="checkbox"/> Under \$14,600	<input type="checkbox"/> \$14,600 to \$24,400	<input type="checkbox"/> \$24,400 to \$39,000	<input type="checkbox"/> Over \$39,000
<input type="checkbox"/> 3 Persons	<input type="checkbox"/> Under \$16,450	<input type="checkbox"/> \$16,450 to \$27,450	<input type="checkbox"/> \$27,450 to \$43,850	<input type="checkbox"/> Over \$43,850
<input type="checkbox"/> 4 Persons	<input type="checkbox"/> Under \$18,250	<input type="checkbox"/> \$18,250 to \$30,450	<input type="checkbox"/> \$30,450 to \$48,700	<input type="checkbox"/> Over \$48,700
<input type="checkbox"/> 5 Persons	<input type="checkbox"/> Under \$19,750	<input type="checkbox"/> \$19,750 to \$32,900	<input type="checkbox"/> \$32,900 to \$52,600	<input type="checkbox"/> Over \$52,600
<input type="checkbox"/> 6 Persons	<input type="checkbox"/> Under \$21,200	<input type="checkbox"/> \$21,200 to \$35,350	<input type="checkbox"/> \$35,350 to \$56,500	<input type="checkbox"/> Over \$56,500
<input type="checkbox"/> 7 Persons	<input type="checkbox"/> Under \$22,650	<input type="checkbox"/> \$22,650 to \$37,800	<input type="checkbox"/> \$37,800 to \$60,400	<input type="checkbox"/> Over \$60,400
<input type="checkbox"/> 8 Persons	<input type="checkbox"/> Under \$24,100	<input type="checkbox"/> \$24,100 to \$40,200	<input type="checkbox"/> \$40,200 to \$64,300	<input type="checkbox"/> Over \$64,300

I, _____ (Print Name), hereby acknowledge that:

- (1) Eligibility for assistance under this CDBG-funded program is based upon having a presumption or qualifying household income;
- (2) The information furnished to the Agency providing the services and Grantee is current as of the date signed.
- (3) This information may be subject to further verification by the Grantee/and/or the U.S. Department of Housing & Urban Development (HUD) and HUD-Office of Inspector General (HUD-OIG);
- (4) I authorize such verification; and
- (5) Falsification of the information provided may subject me to prosecution under applicable state and federal laws.

Signature

Date

F. Certification of Agency

Applicant is: Yes, Eligible No, Not Eligible

Did Applicant submit the required qualified documents? Yes No

I, _____ (Print Name) hereby acknowledge that I have received this application and acknowledge that I received the necessary documentation in order to provide services under the CDBG Program.

Signature

Date

Agency: _____

Telephone # _____