

**CDBG Program Application
Entitlement Community of Mission, TX
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.

I. General Information: Household Demographics

A. Applicant Information

Name _____

Address _____

City, State _____ Zip Code _____

Does the applicant reside within the City limits? Yes No

B. Characteristics **(Circle One)**

1. Hispanic: Yes No

2. Race:

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

American Indian/Alaskan Native & Black

Other Multi-Racial

3. Number of Persons Benefitting from Services _____

4. Number of Persons In Household _____

II. Qualification Documents

Please mark (X) your answer

A. Does your family receive TANF (Temporary Assistance for Needy Families)?

_____ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step III to sign and date this application

_____ No; please continue to next question

B. Does anyone in your household receive MEDICAID?

_____ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step III to sign and date this application

_____ No; please continue to next question

C. Does your family receive SNAP (FOOD STAMPS)?

_____ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step III to sign and date this application

_____ No; please continue to next question

D. Do you reside in Public Housing (Housing Authority or Section 8)?

_____ Yes; Name the City in which the Public Housing is located _____

Source Documentation: provide a copy of ID/license, or utility bill indicating address;

Stop and go to Step III to sign and date this application

_____ No; please use Income and Assets Application

III. Certification of Applicant

Circle income limit based on household size.

INCOME TABLE (BELOW):

As of June 1, 2021

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

Applicant is _____ Eligible _____ Not Eligible

I, _____, hereby acknowledge that
(Print Name)

(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 and 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

IV. Certification of Agency

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

received the necessary documentation in order to provide services under the CDBG Program.

Signature

Date