

**CDBG Program Application  
Entitlement Community of McAllen  
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 VII 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 April 1, 2021

Household Size	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)
1 Person	\$12,880	\$21,350	\$34,100
2 Persons	\$17,420	\$24,400	\$39,000
3 Persons	\$21,960	\$27,450	\$43,850
4 Persons	\$26,500	\$30,450	\$48,700
5 Persons	\$31,040	\$32,900	\$52,600
6 Persons	\$35,350	\$35,350	\$56,500
7 Persons	\$37,800	\$37,800	\$60,400
8 Persons	\$40,200	\$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

\_\_\_\_\_  
Agency