

CDBG Program Application

Entitlement Community of: _____

Income Eligibility Certification Form

Income and Assets 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.

Who gets copy?

Agency & UCP

A. Applicant Information

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

B. Does applicant live in the city limits? Yes No

C. Characteristics (Check one)

1 Hispanic Yes No Date of Birth _____

2 Race (Check one)

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

3 Number of Persons Benefiting from Services: _____

D. Household Members

List names of persons in the household and indicate if members are full-time students or children

#	Last Name	First Name	Full Time Student 18 years or older (Income is capped at \$480 EXCEPT the heads of household)	Children under the age of 18 years (Income is excluded from calculation)	Disability?
1			Head of Household		Yes <input type="checkbox"/> No <input type="checkbox"/>
2			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

E. Net Family Assets

(Include Cash, Checking Accounts, savings, rental property, stocks, Bonds, etc.)

Family Member	Asset Description	CURRENT Cash Value of Assets	ACTUAL Income from Assets
	Cash		
	Checking & Savings (Average 6 statements)		
	Trust Funds (average 6 statements)		
	Property or Rental Property (Value minus outstanding mortgage and upkeep)		
	Stocks, Bonds or Treasury Bills, CD, Mutual Funds or Money Market Accounts (Current Value minus cost to sell)		
	Retirement Accounts or 401(k) or Pensions that you can access (Current Value minus penalty)		
Total Current			
1 Total Actual Income from Assets.....			
2 If Current is greater than \$5,000, multiply by 2% (passbook rate) and enter results here; otherwise leave blank			

F. Income

Anticipated Annual Income Inclusions

(Need 3 months of check stubs or electronic deposits)

#	Family Member	A Wages & Salaries	B Benefits & Pensions (Retirement and Insurance Income)	C Public Assistance (Unemployment and Disability Income)	D Other Income (Child support, Alimony, Bank interest and dividends, gift income)	E Asset Income
1						Enter the greater of lines # 1 or 2 from above in Assets
2						
3						
4						
TOTALS						

This is the total of items from A, B, C, D, E.

THIS IS ANNUAL INCOME.....

G. Certification of Applicant

Step 1 (See D)

Step 2: HUD Income Limits

Effective Date: July 1, 2021

Mark X in size of household

Use the Annual Income above to complete the income level in your household. (Mark X)

Household Size	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 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 be subject me to prosecution under the applicable state and federal laws.

Signature: _____

Date: _____

H. Certification of Agency

The Applicant is: Yes, Eligible No, Not Eligible

I, (Print Name) _____, hereby acknowledge that I have received this application

in order to provide services under the CDBG Program.

Agency _____

Signature _____

Date _____

Telephone # _____