**CDBG Program Application**

**Entitlement Community of Mission, TX**

**Income Eligibility Certification Form**

*Complete 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. Presumed Status:**

Please mark (X) your answer

A. Are any of the persons receiving services a victim of domestic violence (abused children or battered spouses)?

|  |  |
| --- | --- |
|  | Yes; Source Documentation: provide copy of law enforcement report, referral from |
|  | Shelter or client’s signed statement of situation/self-certification of incidence; Stop and |
|  | go to Step VII to sign and date this application |
|  | No; please continue to next question |

B. Are any of the persons receiving services aged 62 or older?

|  |  |
| --- | --- |
|  | Yes; of government-issued ID indicating birthday; |
|  | Stop and go to Step VII to sign and date this application |
|  | No; please continue to next question |

C. Are any of the persons receiving services severely disabled adults?

|  |  |
| --- | --- |
|  | Yes; Source Documentation: provide copy of Social Security Disability award letter no |
|  | older than six months (if not permanent) or Doctor’s Certification regarding disabling |
|  | condition; Stop and go to Step VII to sign and date this application |
|  | No; please continue to next question |

D. Are any of the persons receiving services an illiterate adult (cannot speak or read in any language)?

|  |  |
| --- | --- |
|  | Yes; Stop and go to Step VII to sign and date this application; Agency employee must |
|  | witness acknowledgement |
|  | No; please continue to next question |

E. Have any of the persons receiving services been diagnosed with AIDS (Auto-Immune Deficiency Syndrome)?

|  |  |
| --- | --- |
|  | Yes; Source Documentation: provide copy of laboratory report or referral letter from |
|  | Valley AIDS Council (VAC); Stop and go to Step VII to sign and date this application |
|  | No; please continue to next question |

F. Are any of the person receiving services current migrant farmworkers?

|  |  |
| --- | --- |
|  | Yes; Source Documentation: provide a check stub from an out of area employer; Stop |
|  | and go to Step VII to sign and date this application |
|  | No; please continue to next question |

G. Are any of the persons receiving services considered homeless?

|  |  |
| --- | --- |
|  | Yes; Indicate which situation is applicable and follow requirement **(Select only one)** |
|  | No; please continue to next section |

|  |  |
| --- | --- |
|  | **In places not meant for human habitation, such as cars, parks, sidewalks,** |
|  | **abandoned buildings, on the street.** (Documentation required: Services worker |
| should sign and date a general certification verifying that services are going to homeless |
| person and indicate where the person resides; have participant sign and date as well.) |

|  |  |
| --- | --- |
|  | **In an emergency shelter.**  (Documentation required: Signed and dated written |
|  | verification from the emergency shelter staff.) |

|  |  |
| --- | --- |
|  | **In transitional or supportive housing for homeless persons who originally** |
|  | **came from the streets or emergency shelters.** (Documentation required: |
| Signed and dated verification from referring agency staff at transitional housing facility |
| and verification that participant was living on the streets or in an emergency shelter or |
| was discharged from an institution prior to living in transitional housing and would have |
| been homeless if not for the transitional housing.) |

|  |  |
| --- | --- |
|  | **In any of the above places but is spending a short time (up to 30 days) in a** |
|  | **hospital or other institution.** (Documentation required: Written and dated |
| verification from institution staff stating that the participant has been residing at the |
| institution for the less than 31 days and information on the pervious living situation) |

|  |  |
| --- | --- |
|  | **Is being evicted within a week from a private dwelling unit and no** |
|  | **subsequent residence has been identified and the person lacks the** |
| **resources and support networks needed to obtain housing or their housing** |
| **has been condemned by housing officials and is no longer considered** |
| **meant for human habitation.** (Documentation required: *Eviction from housing* – |
| evidence of a formal eviction proceeding indicating that the participant was being evicted |
| within the week before receiving homeless assistance; information on the income of the |
| participant and what efforts were made to obtain housing and why, without homeless |
| assistance, the client would be living on the streets or an emergency shelter. *Eviction* |
| *from family member*—written and dated reason for eviction by family member; signed and |
| dated statement by participant describing the situation; project sports must make efforts |
| to verify validity of statement.) |

|  |  |
| --- | --- |
|  | **Is being discharged within a week from an institution in which the person** |
|  | **that has been a resident for more than 30 consecutive days and no** |
| **subsequent residence has been identified and the person lacks the** |
| **resources and support networks needed to obtain housing.** (Documentation |
| required: Written verification from the institution staff indicating that participant has been |
| residing in the intuition for more than 31 days and information on the pervious living |
| situation, documentation of no subsequent residence and efforts made to attain them |
| must be referenced in file.) |

|  |  |
| --- | --- |
|  | **Is fleeing a domestic violence housing situation and no subsequent support** |
|  | **residence has been identified and the person lacks the resources and** |
|  | **networks needed to obtain housing.** (Documentation required: Date and signed |
|  | written verification from the participant indicating that he/she is fleeing a domestic |
|  | violence situation; statement about previous living situation.) |

**III. 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 VII 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 VII 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 VII to sign and date this application |
|  | No; please continue to next section |

**IV. Income Calculation:**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Last Name** | **First Initial** | **Full-time student 18 years or older** | | **Child under the age of 18 years** | |
| 1 |  |  | Yes | No | Yes | No |
| 2 |  |  | Yes | No | Yes | No |
| 3 |  |  | Yes | No | Yes | No |
| 4 |  |  | Yes | No | Yes | No |
| 5 |  |  | Yes | No | Yes | No |
| 6 |  |  | Yes | No | Yes | No |
| 7 |  |  | Yes | No | Yes | No |
| 8 |  |  | Yes | No | Yes | No |
| Notes: | | | If yes, income is capped at $480 except for head of household | | If yes, income is excluded from calculation ($0) | |

***Agency should verify number of household members listed above equals number provided on Page 1, Question 4.***

1. For each member of the household, list the **annual/yearly** INCOME amount

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | 1. Wages and Salaries | 1. Benefits and Pension Distributions | | 1. Public Assistance | | | 1. Other Income (including Net Business) | Source | 1. Annual Gross Income   ***(Add each row and enter for each person)*** |
|  |  |  | |  | | |  |  | $ |
|  |  |  | |  | | |  |  | $ |
|  |  |  | |  | | |  |  | $ |
|  |  |  | |  | | |  |  | $ |
|  |  |  | |  | | |  |  | $ |
|  |  |  | |  | | |  |  | $ |
|  |  |  | |  | | |  |  | $ |
|  |  |  | |  | | |  |  | $ |
| **TOTAL**  ***(Add the amounts in Column 5)*** | | | | | | | |  | **$** |
| **Examples:** | | | | | | | | | |
| Wages, salaries, tips, overtime, bonuses, armed forces income, self-employment or business income | | | Retirement and insurance income | | Unemployment and disability income | Interest and dividends, alimony, child support, and gift income | |  | |
| **Documentation Needed:** | | | | | | | | | |
| 3 months’ worth of paystubs or electronic deposit documents | | | 3 months’ worth of checks stubs or electronic deposit or distribution documents | | 3 months’ worth of checks stubs or electronic deposit or distribution documents | 3 months’ worth of checks stubs or electronic deposit or distribution documents | |  | |

**V. Assets Calculation:**

1. If you or your household members have any of the following items, provide value:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Asset** | 1. **If yes, provide** | 1. **To determine Current Value** | 1. **Current Value** | 1. **To determine Actual Income** | 1. **Actual Income from Assets** |
| A checking account? | 6 months of statements | Average of 6 statements | $ | Average interest earned | $ |
| A savings account? | 6 months of statements | Average of 6 statements | $ | Average interest earned | $ |
| Cash in a safety deposit box? | Signed Statement of Amount | Current Value | $ | N/A | $0 |
| Cash at home? | Signed Statement of Amount | Current Value | $ | N/A | $0 |
| Cash anywhere else? | Signed Statement of Amount | Current Value | $ | If invested, interest earned | $ |
| Trust funds available to you? | 6 months of statements | Average of 6 statements | $ | Amount of Interest Earned | $ |
| Equity in any rental property? | Property Tax Statement | Value minus outstanding mortgage and upkeep | $ | Reported under Income Calculation | $0 |
| Stocks, bonds or Treasury Bills, Certificates of Deposits, Mutual Funds or Money Market Accounts? | Current statement | Current Value minus cost to sell | $ | Amount of Interest Earned | $ |
| Retirement Accounts or 401(k) or Pensions that you can access or are available for distribution? | Current Statement | Current Value minus penalty | $ | Amount of Interest Earned | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Asset** | 1. **If yes, provide** | 1. **To determine Current Value** | 1. **Current Value** | 1. **To determine Actual Income** | 1. **Actual Income from Asset** |
| Cash value of life insurance policies available before death (Whole Life or Universal Life) | Current Statement | Current Value minus penalty | $ | Amount of Interest Earned | $ |
| Personal Property held as an investment (as examples: gems, jewelry, coin collections, antique cars) | Signed Statement of Value | Current Value | $ | N/A | $0 |
| Lump-sum or one-time receipts of inheritances, capital gains, lottery winnings, victims restitution, insurance settlements | Current Statement or Receipt | Current Value | $ | If invested, amount of interest earned | $ |
| Mortgages or Deeds of Trust | Property Tax Statement | Value minus outstanding mortgage and upkeep | $ | Reported under Income Calculation | $0 |
| **TOTAL**  ***(Add the amounts in Column 4)*** | | | **$** | **TOTAL**  ***(Add Column 6)*** | **$** |
|  | | | **Net Cash Value of**  **Assets** |  | **Total Actual Income from Assets** |
| 1. If Net Cash Value of Assets is greater than $5,000, multiply by 0.0006 (0.06% Passbook Rate); otherwise, enter zero | | |  |  |  |
|  | | | **Passbook**  **Amount** |  |  |
| 1. Enter the greater of Total Actual Income from Assets (Column 6) or Passbook Amount (Letter B) | | |  |  |  |

**VI. Household Income Calculation:**

|  |  |
| --- | --- |
| 1. Enter Total Annual Gross Income (Page 7) | $ |
| 1. Enter Greater of Actual Income or Passbook Amount (Page 9) |  |
| 1. Add lines 1 and 2 | $ |

**VII. Certification of Applicant**

Circle income limit based on household size.

**INCOME TABLE (BELOW):**

As of June 15, 2023

|  |  |  |  |
| --- | --- | --- | --- |
| **Household**  **Size** | **Extremely Low Income (30%)** | **Very Low**  **Income (50%)** | **Low**  **Income (80%)** |
| 1 Person | $15,200 | $25,250 | $40,400 |
| 2 Persons | $17,350 | $28,850 | $46,150 |
| 3 Persons | $19,500 | $32,450 | $51,900 |
| 4 Persons | $21,650 | $36,050 | $57,650 |
| 5 Persons | $23,400 | $38,950 | $62,300 |
| 6 Persons | $25,150 | $41,850 | $66,900 |
| 7 Persons | $26,850 | $44,750 | $71,500 |
| 8 Persons | $28,600 | $47,600 | $76,100 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |

**VIII. 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 |