

CDBG Program Application Entitlement Community of McAllen 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.

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. Income Calculation:

A. 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	
			Yes	No	Yes	No
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.




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

Name	1) Wages and Salaries	2) Benefits and Pension Distributions	3) Public Assistance	4) Other Income (including Net Business)	Source	5) Annual Gross Income <i>(Add each row and enter for each person)</i>
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
TOTAL <i>(Add the amounts in Column 5)</i>						\$
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		

III. Assets Calculation:

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

1) Asset	2) If yes, provide	3) To determine Current Value	4) Current Value	5) To determine Actual Income	6) 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	\$
Cash at home?	Signed Statement of Amount	Current Value	\$	N/A	\$
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	\$
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	2) If yes, provide	3) To determine Current Value	4) Current Value	5) To determine Actual Income	6) 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	\$
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	\$
TOTAL <i>(Add the amounts in Column 4)</i>			\$	TOTAL <i>(Add Column 6)</i>	\$
			 Net Cash Value of Assets		 Total Actual Income from Assets
B. If Net Cash Value of Assets is <u>greater than \$5,000</u> , multiply by 0.0006 (0.06% Passbook Rate); otherwise, enter zero					
			 Passbook Amount		
C. Enter the greater of Total Actual Income from Assets (Column 6) or Passbook Amount (Letter B)					

IV. Household Income Calculation:

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

V. 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

VI. 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