**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 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 |

**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 |