



CDBG FUNDED PUBLIC SERVICE PROGRAM

Name of Applicant: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

ETHNICITY (select only one):

Hispanic or Latino Not Hispanic or Latino

RACE (select one or more):

American Indian or Alaska Native Asian

Black or African American White

Native Hawaiian or Other Pacific Islander

Is applicant and/or any household member an employee for the City of Binghamton: Yes No

Female Head of Household: Yes No **No. of family members currently employed:** _____

Family Income (please circle):

No. of family members living in household	Level 1	Level 2	Level 3
1	\$15,200	\$25,350	\$40,500
2	\$17,420	\$28,950	\$46,300
3	\$21,960	\$35,550	\$52,100
4	\$26,500	\$36,150	\$57,850
5	\$31,040	\$39,050	\$62,500
6	\$35,580	\$41,950	\$67,150
7	\$40,120	\$44,850	\$71,750
8+	\$44,660	\$47,750	\$76,400

In order to be considered eligible for the CDBG program, applicants must provide current proof of residency and income for all currently employed family members living in the household. Listed below are acceptable forms of documentation.

Acceptable Documentation for Residency

Cable Bill
Phone Bill
Utility Bill
Driver's License
Sheriff's Identification Card

Acceptable Documentation for Income

Unemployment Payment
Social Services Budget
Pay Stub
W-2 Form
Social Security Income Form

If you are unable to provide current proof of residency and income, please explain why.

I understand that all information provided herein meets the eligibility requirements for the CDBG program and will be used for HUD reporting purposes only. By signing below, I declare that the above information is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____