



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

PLEASE REVIEW AND SIGN REVERSE SIDE OF FORM

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Applicant: _____ Date: _____