

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):

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian and White
<input type="checkbox"/> American Indian or Alaska Native <i>and</i> White	<input type="checkbox"/> Black or African American <i>and</i> White
<input type="checkbox"/> American Indian or Alaska Native <i>and</i> Black or African American	
<input type="checkbox"/> Other or More than one race	

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

Family Income (please circle):

No. of family members living in household	Extremely Low (30% of Median)	Very Low (50% of Median)	Low (80% of Median)
1	Up to \$15,200	\$15,201- \$25,360	\$25,361- \$40,500
2	Up to \$17,420	\$17,421- \$28,950	\$28,951- \$46,300
3	Up to \$21,960	\$21,961- \$32,550	\$32,551 - \$52,100
4	Up to \$26,500	\$26,501- \$36,150	\$36,151- \$57,850
5	Up to \$31,040	\$31,041- \$39,050	\$39,051- \$62,500
6	Up to \$35,580	\$35,581- \$41,950	\$41,951- \$67,150
7	Up to \$40,120	\$40,121- \$44,850	\$44,851- \$71,750
8	Up to \$44,660	\$44,661- \$47,750	\$47,751 \$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
Veteran's Administration Stub
Social Services Identification Card
Pay Stub
W-2 Form
Social Security Income Form

PLEASE REVIEW AND SIGN REVERSE SIDE OF 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: _____