

CDBG-CV3 Program Application Entitlement Community of Mission, TX Income Eligibility Certification Form

Complete Application

Participants of the Federally-funded Community Development Block Program (CDBG-CV3) 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. Presumed Status:

Please mark (X) your answer

A. Are any of the persons receiving services a victim of domestic violence (abused children or battered spouses)?

_____ Yes; Source Documentation: provide copy of law enforcement report, referral from Shelter or client's signed statement of situation/self-certification of incidence; Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

B. Are any of the persons receiving services aged 62 or older?

_____ Yes; of government-issued ID indicating birthday;
Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

C. Are any of the persons receiving services severely disabled adults?

_____ Yes; Source Documentation: provide copy of Social Security Disability award letter no older than six months (if not permanent) or Doctor's Certification regarding disabling condition; Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

D. Are any of the persons receiving services an illiterate adult (cannot speak or read in any language)?

_____ Yes; Stop and go to Step VII to sign and date this application; Agency employee must witness acknowledgement

_____ No; please continue to next question

E. Have any of the persons receiving services been diagnosed with AIDS (Auto-Immune Deficiency Syndrome)?

_____ Yes; Source Documentation: provide copy of laboratory report or referral letter from Valley AIDS Council (VAC); Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

F. Are any of the person receiving services current migrant farmworkers?

_____ Yes; Source Documentation: provide a check stub from an out of area employer; Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

G. Are any of the persons receiving services considered homeless?

_____ Yes; Indicate which situation is applicable and follow requirement (**Select only one**)

_____ No; please continue to next section

_____ **In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the street.** (Documentation required: Services worker should sign and date a general certification verifying that services are going to homeless person and indicate where the person resides; have participant sign and date as well.)

_____ **In an emergency shelter.** (Documentation required: Signed and dated written verification from the emergency shelter staff.)

_____ **In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.** (Documentation required: Signed and dated verification from referring agency staff at transitional housing facility and verification that participant was living on the streets or in an emergency shelter or was discharged from an institution prior to living in transitional housing and would have been homeless if not for the transitional housing.)

_____ **In any of the above places but is spending a short time (up to 30 days) in a hospital or other institution.** (Documentation required: Written and dated verification from institution staff stating that the participant has been residing at the institution for the less than 31 days and information on the pervious living situation)

_____ **Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is no longer considered meant for human habitation.** (Documentation required: *Eviction from housing* – evidence of a formal eviction proceeding indicating that the participant was being evicted within the week before receiving homeless assistance; information on the income of the participant and what efforts were made to obtain housing and why, without homeless assistance, the client would be living on the streets or an emergency shelter. *Eviction from family member*—written and dated reason for eviction by family member; signed and dated statement by participant describing the situation; project sports must make efforts to verify validity of statement.)

_____ **Is being discharged within a week from an institution in which the person that has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.** (Documentation required: Written verification from the institution staff indicating that participant has been residing in the institution for more than 31 days and information on the previous living situation, documentation of no subsequent residence and efforts made to attain them must be referenced in file.)

_____ **Is fleeing a domestic violence housing situation and no subsequent support residence has been identified and the person lacks the resources and networks needed to obtain housing.** (Documentation required: Date and signed written verification from the participant indicating that he/she is fleeing a domestic violence situation; statement about previous living situation.)

III. 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 VII 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 VII 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 VII 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 VII to sign and date this application

_____ No; please continue to next section

IV. 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			

V. 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	\$0
Cash at home?	Signed Statement of Amount	Current Value	\$	N/A	\$0
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	\$0
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	\$0
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	\$0
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)					

VI. 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 \$ _____

VII. Certification of Applicant

Circle income limit based on household size.

INCOME TABLE (BELOW):

As of April 1, 2021

Household Size	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)
1 Person	\$12,880	\$21,350	\$34,100
2 Persons	\$17,420	\$24,400	\$39,000
3 Persons	\$21,960	\$27,450	\$43,850
4 Persons	\$26,500	\$30,450	\$48,700
5 Persons	\$31,040	\$32,900	\$52,600
6 Persons	\$35,350	\$35,350	\$56,500
7 Persons	\$37,800	\$37,800	\$60,400
8 Persons	\$40,200	\$40,200	\$64,300

Applicant is _____ Eligible _____ Not Eligible

I, _____, hereby acknowledge that
(Print Name)

(1) eligibility for assistance under this CDBG-CV3-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

VIII. Certification of Agency

I, _____, hereby acknowledge that I have
(Print Name)

received the necessary documentation in order to provide services under the CDBG-CV3 Program.

Signature

Date