

# Community Development Block Grant (CDBG) Client Eligibility Form

Exhibit G

Organization:								
Name:								
Home Phone:		Address:						
Work Phone:		City:						
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Female Head of Household:		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Names of Others living in Household		Sex M/F	Age	Relationship to Applicant	Elderly	Disabled		
					<input type="checkbox"/>	<input type="checkbox"/>		
Race			Ethnicity					
<input type="checkbox"/> American Indian or Alaska Native			<input type="checkbox"/> Hispanic American Indian or Alaska Native					
<input type="checkbox"/> Asian			<input type="checkbox"/> Hispanic Asian					
<input type="checkbox"/> Black or African American			<input type="checkbox"/> Hispanic Black or African American					
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			<input type="checkbox"/> Hispanic Hawaiian or Other Pacific Islander					
<input type="checkbox"/> White			<input type="checkbox"/> Hispanic White					
<input type="checkbox"/> American Indian or Alaska Native and White			<input type="checkbox"/> Hispanic American Indian or Alaska Native & White					
<input type="checkbox"/> Asian and White			<input type="checkbox"/> Hispanic Asian and White					
<input type="checkbox"/> Black or African American and White			<input type="checkbox"/> Hispanic Black or African American and White					
<input type="checkbox"/> American Indian or Alaska Native and Black or African American			<input type="checkbox"/> Hispanic American Indian or Alaska Native & Black or African American					
<input type="checkbox"/> Other			<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Russian <input type="checkbox"/> Other					
Total Household Income – Circle One:								
Please circle number in Household:	1	2	3	4	5	6	7	8
<b>Please circle income for number in family: *The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income. Consequently, the extremely low income limits may equal the very low (50%) income limits.</b>								
Total Household Income: \$ _____								
Sources Used to Determine HH Income:								
I certify that to the best of my knowledge, all statements made on this document are true and correct and that I am not receiving benefit from any other program funded by the City of Salem. I understand that it may be a federal crime to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code. THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.								
Signature _____					Date _____			