Community Development Block Grant (CDBG) Client Eligibility Form

Exhibit B

			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •	·9·~····	. •	•					
Organization:		Staff Initials:				CES:						
Applicant:			Age:		Sex:	Elderly:			Disabled:			
Home Phone:			Address:			•			Ward:			
Work Phone:			City:						1			
Female Head of Household: Yes			☐ No	о 🗌								
Names of Others living in Household			Sex		Age	Relationship to Applicant		Elderly	Disabled			
Race					Ethnicity							
American Indian or Alaska Native					☐ Hispanic American Indian or Alaska Native							
Asian					Hispanic Asian							
☐ Black or African American					☐ Hispanic Black or African American							
☐ Native Hawaiian or Other Pacific Islander					☐ Hispanic Hawaiian or Other Pacific Islander							
White					☐ Hispanic White							
American Indian or Alaska Native and White					☐ Hispanic American Indian or Alaska Native & White							
Asian and White					☐ Hispanic Asian and White							
Black or African American and White					☐ Hispanic Black or African American and White							
American Indian or Alaska Native and Black or African American					Hispanic American Indian or Alaska Native & Black or African American							
Other	Hispa	☐ Hispanic/Latino ☐ Russian ☐ Other										
Total Household Income – Circle One:												
Please circle number in Household:	1		2	3	4		5		6	7	8	
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. Use the HUD Income Eligibility Calculator to determine income. Use the link below.												
30% Median Income: \$	ncome: \$ 50% Median In			come: \$ 60-80%				% Median Income: \$				
HUD Income Eligibility Calculator: https://www.hudexchange.info/incomecalculator/ HUD Income Eligibility Calculator Manual: https://files.hudexchange.info/resources/documents/CPDIncomeEligibilityCalculator User Manual.pdf												
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						