

2024-25 Community Development Block Grant Beneficiary Qualification Statement



This form has the purpose of providing information needed to qualify the use of Federal Community Development Block Grant (CDBG) funds for the following projects. This **statement must be completed and signed by the person (legal guardian) requesting to receive benefits from the following activities** before services will be provided.

Agency/Program

City Project Program/Service: _____ Other Agency Program/Service: _____

Each of the following questions must be answered:

A household is a group of related or unrelated persons occupying the same house with at least one member being the head of household. Renters, roomers, or boarders cannot be included as household members.

- 1) **How many persons are in your household?** _____
- 2) **Are you a Female Head of Household or reside in a Female Headed Household?** Yes No
- 3) **Please indicate how you identify yourself by checking only one (1) of the following choices.** Note: If you are part Hispanic, please mark the Hispanic box next to the appropriate ethnic category; all others check Non-Hispanic:
- 4) **Homeless:** Yes No **Disabled:** Yes No

| | Hispanic | Non-Hispanic | | Hispanic | Non-Hispanic |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| White | <input type="checkbox"/> | <input type="checkbox"/> | Black/African American | <input type="checkbox"/> | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | <input type="checkbox"/> | American Indian/Alaskan Native | <input type="checkbox"/> | <input type="checkbox"/> |
| Black/African American & White | <input type="checkbox"/> | <input type="checkbox"/> | American Indian/Alaskan Native & White | <input type="checkbox"/> | <input type="checkbox"/> |
| Asian & White | <input type="checkbox"/> | <input type="checkbox"/> | American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> | <input type="checkbox"/> |
| Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- 5) **Please add up the combined gross income of all persons in your household from all sources of income** (For this question a list of 2024 low-income and low-and moderate-income categories are presented below – **See limited presumed qualifying clientele categories.** The amounts represent the 2024-2025 HUD income limits for County of San Bernardino).

Qualifying Income Sources (please check all that apply).

- Primary employment: \$ _____ SSI/SSDI: \$ _____
- Secondary employment: \$ _____ Child-support: \$ _____
- Unemployment: \$ _____ TANF: \$ _____ Food Stamps \$ _____
- Other: \$ _____
- TOTAL ANNUAL GROSS INCOME: \$ _____**

| # of persons | 1 person Less than | 2 persons Less than | 3 persons Less than | 4 persons Less than | 5 persons Less than | 6 persons Less than | 7 persons Less than | 8 persons Less Than |
|-------------------|------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|---|---|---|---------------------------------|
| Extremely low | <input type="radio"/> \$21,550 | <input type="radio"/> \$24,600 | <input type="radio"/> \$27,700 | <input type="radio"/> \$31,200 | <input type="radio"/> \$36,580 | <input type="radio"/> \$41,960 | <input type="radio"/> \$47,340 | <input type="radio"/> \$52,720 |
| Very Low Income | <input type="radio"/> \$35,900 | <input type="radio"/> \$41,000 | <input type="radio"/> \$46,100 | <input type="radio"/> \$51,250 | <input type="radio"/> \$55,350 | <input type="radio"/> \$59,450 | <input type="radio"/> \$63,550 | <input type="radio"/> \$67,650 |
| Low Income | <input type="radio"/> \$57,400 | <input type="radio"/> \$65,600 | <input type="radio"/> \$73,800 | <input type="radio"/> \$82,000 | <input type="radio"/> \$88,600 | <input type="radio"/> \$95,150 | <input type="radio"/> \$101,650 | <input type="radio"/> \$108,250 |
| Limited Clientele | <input type="radio"/> abused child | <input type="radio"/> battered spouse | <input type="radio"/> elderly person | <input type="radio"/> homeless person | <input type="radio"/> disabled adult person | <input type="radio"/> illiterate person | <input type="radio"/> migrant farm worker | 2024 Income Limits |

ACKNOWLEDGEMENT AND DISCLAIMER

I Certify under penalty of perjury that income and household statements made on this form are true. The information you provide on this form is for CDBG program purposes only and will be kept confidential.

Client: _____ Phone: () _____
 Address: _____ City: _____ Zip: _____
 Signature: _____ Date: _____