

# 2025-26 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 borders 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 2025 low-income and low-and moderate-income categories are presented below – **See limited presumed qualifying clientele categories**. The amounts represent the 2025-2026 HUD income limits for the 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	○ \$23,500	○ 26,850	○ \$30,200	○ \$33,550	○ \$37,650	○ \$43,150	○ \$48,650	○ \$54,150
Very Low Income	○ \$39,200	○ \$44,750	○ \$50,350	○ \$55,950	○ \$60,450	○ \$64,900	○ \$69,400	○ \$73,850
Low Income	○ \$62,650	○ \$71,600	○ \$80,550	○ \$89,500	○ \$96,700	○ \$103,850	○ \$111,000	○ \$118,150
Limited Clientele	○ abused child	○ battered spouse	○ elderly person	○ homeless person	○ disabled adult person	○ illiterate person	○ migrant farm worker	<b>2025 Income Limits</b>

## 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: \_\_\_\_\_