



# City of Chino Hills

## 2019/20 Community Development Block Grant Beneficiary Qualification Statement

This program is supported by Community Development Block Grant (CDBG) funds from the Federal Department of Housing and Urban Development (HUD). Federal regulations require that we obtain the following information to document that assistance is being provided to low and moderate-income households. This information is collected for statistical purposes only and is kept in strict confidence. This **statement must be completed and signed by the person (legal guardian) requesting to receive benefits.**

**Each of the following questions must be answered:**

1. 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. How many persons are in your household? \_\_\_\_\_
2. Are you a Female Head of Household or belong to a Female Headed Household?  Yes or  No
3. Please indicate what you identify yourself as, if you are part Hispanic please mark the Hispanic box next to the appropriate ethnic category:

<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African Amer. Other: _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic	4) Please add up the <u>combined gross income</u> of all persons in your household from all sources of income <b>Qualifying Income Sources</b> (please check all that apply)  <input type="radio"/> primary employment: \$ _____ <input type="radio"/> SSI/SSDI: \$ _____ <input type="radio"/> Second employment: \$ _____ <input type="radio"/> Child-support: \$ _____ <input type="radio"/> Unemployment: \$ _____ <input type="radio"/> AFDC: \$ _____ <input type="radio"/> Food Stamps: \$ _____ <input type="radio"/> Other: _____ : \$ _____						
# 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
Very Low	<input type="radio"/> \$15,100	<input type="radio"/> \$17,250	<input type="radio"/> \$19,400	<input type="radio"/> \$21,550	<input type="radio"/> \$23,300	<input type="radio"/> \$25,000	<input type="radio"/> \$26,750	<input type="radio"/> \$28,450
Low Income	<input type="radio"/> \$25,150	<input type="radio"/> \$28,750	<input type="radio"/> \$32,350	<input type="radio"/> \$35,900	<input type="radio"/> \$38,800	<input type="radio"/> \$41,650	<input type="radio"/> \$44,550	<input type="radio"/> \$47,400
Low/ Moderate Income (combined)	<input type="radio"/> \$40,250	<input type="radio"/> \$46,000	<input type="radio"/> \$51,750	<input type="radio"/> \$57,450	<input type="radio"/> \$62,050	<input type="radio"/> \$66,650	<input type="radio"/> \$71,250	<input type="radio"/> \$75,850
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	

### ACKNOWLEDGMENT 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.

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_