



# CITY OF CHINO HILLS Community Development Block Grant

Project/Activity Name: \_\_\_\_\_

Agency Name \_\_\_\_\_ Program Year \_\_\_\_\_

## Beneficiary Qualification Statement

This statement must be completed and signed by the individual or head of household receiving benefits from the CDBG funded project/activity for the FIRST TIME ONLY during the award year. 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  No

3. In the chart below, please check the category which best represents your gross annual household income. **Include the combined gross annual income for ALL persons in your household from ALL sources of income.**

	1 person <u>Less than</u>	2 persons <u>Less than</u>	3 persons <u>Less than</u>	4 persons <u>Less than</u>	5 persons <u>Less than</u>	6 persons <u>Less than</u>	7 persons <u>Less than</u>	8 persons <u>Less than</u>
Extremely Low	<input type="checkbox"/> \$18,500	<input type="checkbox"/> \$21,150	<input type="checkbox"/> \$23,800	<input type="checkbox"/> \$26,400	<input type="checkbox"/> \$28,550	<input type="checkbox"/> \$30,650	<input type="checkbox"/> \$32,750	<input type="checkbox"/> \$34,850
Very Low Income	<input type="checkbox"/> \$30,800	<input type="checkbox"/> \$35,200	<input type="checkbox"/> \$39,600	<input type="checkbox"/> \$44,000	<input type="checkbox"/> \$47,550	<input type="checkbox"/> \$51,050	<input type="checkbox"/> \$54,600	<input type="checkbox"/> \$58,100
Low Income	<input type="checkbox"/> \$49,300	<input type="checkbox"/> \$56,350	<input type="checkbox"/> \$63,400	<input type="checkbox"/> \$70,400	<input type="checkbox"/> \$76,050	<input type="checkbox"/> \$81,700	<input type="checkbox"/> \$87,300	<input type="checkbox"/> \$92,950

4. Please indicate what you identify yourself as (race):

- White  Black/African American  Asian  American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander  
 American Indian/Alaskan Native & White  Asian & White  Black/African American & White  
 American Indian/Alaskan Native & Black/African American  Other: \_\_\_\_\_

5. Do you identify yourself as Hispanic/Latino (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture)?  
Y Yes  No

6. Are you a new beneficiary of this program?  Yes  No

7. Are you a resident of the City of Chino Hills?  Yes  No

8. Mark the word(s) that best describes our qualifications in the following categories (mark all that apply):

- Abused Child  Battered Spouse  Elderly Person  Homeless Person  Disabled Adult Person  Illiterate Person  
 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 MAY BE VERIFIED.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

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

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.