



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	☐ \$23,500	☐ \$26,850	☐ \$30,200	☐ \$33,550	☐ \$36,250	☐ \$38,950	☐ \$41,650	☐ \$44,300
Low Income	☐ \$39,200	☐ \$44,750	☐ \$50,350	☐ \$55,950	☐ \$60,450	☐ \$64,900	☐ \$69,400	☐ \$73,850
Moderate Income	☐ \$62,650	☐ \$71,600	☐ \$80,550	☐ \$89,500	☐ \$96,700	☐ \$103,850	☐ \$111,000	☐ \$118,150
Above Moderate	☐							
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)?
☐ 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 your 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.