

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 project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. Only one statement per person, per year is required.

Please answer each of the following questions.

- This question helps you determine the size of your household. For this question 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?**
- This question asks if you are from low –and moderate- income household. For this question, a list of the 2021 EXTREMELY LOW-INCOME, and LOW- AND MODERATE- INCOME categories are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income. **In the blanks provided, write (yes) or (no) if your combined gross annual income is equal to or less than the EXTREMELY LOW-INCOME ; LOW-INCOME ; OR LOW- AND MODERATE INCOME amount for the number of persons in your household.**

Number of Persons in Your Household	1	2	3	4	5	6	7	8
EXTREMELY LOW-INCOME	\$16,600	\$19,000	\$21,350	\$23,700	\$25,600	\$27,500	\$29,400	\$31,300
LOW-INCOME	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
LOW- AND MODERATE-INCOME	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	73,350	\$78,400	\$83,450

Effective: June 1, 2021
<https://www.hudexchange.info/resource/5334/cdbg-income-limits/>

- Please indicate how you identify yourself by checking **only one** of the following choices:

	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"/>
Native Hawaiian/ Other Pacific Islander	<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"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/ Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Other	<input type="checkbox"/>	<input type="checkbox"/>

- Please check whether you belong to a Female Headed Household: Yes No
- Please describe the **condition** that would qualify you as being considered in one of the following presumed low-and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disables adult, illiterate person, or migrant farm worker: _____

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

SIGNATURE: _____ **PHONE:** _____

The information you provide on this form is for Community Block Development Grant program purposes only and will be kept confidential.