

**FY 2017-2018 CDBG CLIENT BENEFICIARY FORM**

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. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. Income verification is MANDATORY at the time of application. Please attach or provide the necessary supporting documentation.

PARTICIPANT STATUS: \_\_\_\_\_ FAMILY \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ Age(s) of Participant(s)

(please print)

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMERGENCY CONTACT (NAME, ADDRESS, PHONE): \_\_\_\_\_

**HOUSEHOLD INFORMATION**

*Your "household" should include all persons residing within your household, regardless of whether or not they are related.*

1. Total number of members in your household: \_\_\_\_\_

Please enter the combined gross annual income of your household: \$ \_\_\_\_\_

In the chart below, find the number of persons in your family. Below that number are four combined gross annual incomes. Circle the amount above your combined gross annual income. For example, a family of four that makes \$38,000 would circle \$51,700 since they make above \$31,000 and below \$51,700.

FY 2017 Income Limit Area	Median Income	FY 2017 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Arlington, MA	\$103,400	Extremely Low Income Limits	\$21,700	\$24,800	\$27,900	\$31,000	\$33,500	\$36,000	\$38,450	\$41,320
		Very Low (50%) Income Limits	\$36,200	\$41,400	\$46,550	\$51,700	\$55,850	\$60,000	\$64,150	\$68,250
		Low (80%) Income Limits	\$54,750	\$62,550	\$70,350	\$78,150	\$84,450	\$90,700	\$96,950	\$103,200
		Over Income	\$54,751 +	\$62,551 +	\$70,351 +	\$78,151 +	\$84,451 +	\$90,701 +	\$96,951 +	\$103,201 +

2. Female Head of Household? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. RACE/ETHNICITY – each client is required to complete both the "Ethnicity" and the "Race" selections:

ETHNICITY Write in the number of household members who are:

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

RACE Write in the number of household members who are:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ American Indian/Alaska Native & Black/African American

\_\_\_\_\_ American Indian/Alaska Native & White

\_\_\_\_\_ Asian

\_\_\_\_\_ Asian/White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Black/African American & White

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ Other Multi-Racial (not listed above)

4. Number of Persons in Household with a disability: \_\_\_\_\_

5. Number of Persons in Household over age 62: \_\_\_\_\_

I certify that this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the town of Arlington, and the United States Department of Housing and Urban Development.

\_\_\_\_\_  
Client Signature (original required)

\_\_\_\_\_  
Date