FY 2020-2021 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 households that make a low- to moderate-income. **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 PARTIPICANTS(S) _____

Please print the following information

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 in the left-hand column under "Household Size". Then, moving left to right, find the salary range in which your household income falls. For example, a family of four that makes $48,000 would put a check next to $38,351-63,950.

Household Size	Very Low (0% - 30%)	Low (31% - 50%)	Moderate (51% - 80%)
1	_____$0-$26,850	___$26,851-$44,800	___$44,801-$67,400
2	_____$0-$30,700	___$30,701-$51,200	___$51,201-$77,000
3	_____$0-$34,550	___$34,551-$57,600	___$57,601-$86,650
4	_____$0-$38,350	___$38,351-$63,950	___$63,951-$96,250
5	_____$0-$41,450	___$41,451-$69,100	___$69,101-$103,950
6	_____$0-$44,500	___$44,501-$74,200	___$74,201-$111,650
7	_____$0-$47,600	___$47,601-$79,300	___$79,301-$119,350
8	_____$0-$50,650	___$50,651-$84,450	___$84,451-$127,050

2. **Female Head of Household? _____ Yes _____ No**

3. **RACE/ETHNICITY – Please complete both the "Ethnicity" and the "Race" sections below. If you indicate that four people are "Hispanic or Latino", please also select a "race" for those four people.**

   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**