CDBG FUNDED PUBLIC SERVICE PROGRAM

Name of Applicant:			
Street Address:			
City:	State:	Zip Code:	
ETHNICITY (select only one):		
Hispanic or Latino	Not Hispar	nic or Latino	
RACE (select one or more):			
American Indian or Alaska Native		Asian	
Black or African American		White	
Native Hawaiian or Other Pacific Islander		Asian and White	
American Indian or Alaska Native and White		Black or African American and White	
American Indian or Alas	ka Native and Black or	African American	
Other or More than one	race		
_		of family members currently employed:	
Family Income (please circle)	•		

No. of family members living in household	Extremely Low (30% of Median)	Very Low (50% of Median)	Low (80% of Median)
1	Up to \$15,200	\$15,201- \$25,360	\$25,361- \$40,500
2	Up to \$17,420	\$17,421- \$28,950	\$28,951- \$46,300
3	Up to \$21,960	\$21,961- \$32,550	\$32,551 - \$52,100
4	Up to \$26,500	\$26,501- \$36,150	\$36,151- \$57,850
5	Up to \$31,040	\$31,041- \$39,050	\$39,051- \$62,500
6	Up to \$35,580	\$35,581- \$41,950	\$41,951- \$67,150
7	Up to \$40,120	\$40,121- \$44,850	\$44,851- \$71,750
8	Up to \$44,660	\$44,661- \$47,750	\$47,751 \$76,400

In order to be considered eligible for the CDBG program, applicants must provide current proof of residency and income for all currently employed family members living in the household. Listed below are acceptable forms of documentation.

Acceptable Documentation for Residency

Cable Bill Phone Bill **Utility Bill** Driver's License Sheriff's Identification Card

<u>Acceptable Documentation for Income</u> Unemployment Payment Veteran's Administration Stub Social Services Identification Card Pay Stub W-2 Form Social Security Income Form

If you are unable to provide current proof of residency and income, please explain why.		
	d herein meets the eligibility requirements for the CDBG rting purposes only. By signing below, I declare that the the best of my knowledge.	
Signature of Applicant:	Date:	