**TOWN OF APPLE VALLEY COMMUNITY DEVELOPMENT DEPARTMENT**

Project/Activity Title:

Name/Address of Contractor Agency:       Program Year: **2016-2017**

**BENEFICIARY QUALIFICATION STATEMENT**

This form has the purpose of providing information needed to qualify for 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 (legal guardian) requesting to receive benefits from the described project/activity. **Please answer the following questions.**

1. 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 the household. Renters, roomers, or borders cannot be included as household members. **How many persons are in your household?**
2. For this question a list of the current EXTREMELY LOW-, VERY LOW- AND LOW- income categories\* are presented below. Calculate the combined gross annual income of all persons in your household from all sources of income.

### Circle Income amount that exceeds household income in family size column (For CDBG eligibility cannot exceed ‘Low Income’ limit. Example- 4 person HH must be less than $51,200

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of Persons in Your Family (May 2016) | | | | | | | | |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Household Income Thresholds | 13,450 | 16,020 | 20,160 | 24,300 | 28,440 | 32,580 | 36,730 | 40,890 | EX LOW |
| 22,400 | 25,600 | 28,800 | 31,950 | 34,550 | 37,100 | 39,650 | 42,200 | V LOW |
| 35,800 | 40,900 | 46,000 | 51,200 | 55,200 | 59,300 | 63,400 | 67,500 | LOW |

**Ethnicity as well as race must be determined. Please answer item numbers 3 and 4.**

1. Indicate your ethnicity (see definitions on next page). Are you of **Hispanic** **Ethnicity**?  Yes  No
2. Indicate your race (see definitions on next page).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RACE** | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| White | Blk Afr Am | Asian | Am Ind Alk Nat | Nat Haw OPI | Am Ind ANW | Asi Whi | Blk Afr Am Whi | Am Ind Alk Nat Am | Other Multi Racial |

1. Are you a female Head of Household?  Yes  No
2. Is your home an ADA Household?  Yes  No

If so, have ADA property improvements been implemented?  Yes  No

1. Check the word/s that best describe your qualifications in the following categories:

abused child  battered spouse  elderly person  homeless person

disabled person  illiterate person  migrant farm worker  veteran

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGMENT AND DISCLAIMER**

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE. THE INFORMATION ON THIS FORM MAY BE VERIFIED.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential. **Names, addresses and phone numbers may be omitted before submission to the Town of Apple Valley.**

**TOWN OF APPLE VALLEY COMMUNITY DEVELOPMENT DEPARTMENT**

Proyecto/Titulo de actividad:

Nombre/Dirección de Agencia Contratista:       Ano del programa: 2016-2017

**DECLARACION DE CALIFICACIONES DEL BENEFICIARIO**

Esta forma tiene el propósito de proporcionar la información necesaria para calificar y poder hacer el uso de los fondos Federales del Desarrollo Comunitario (CDBG) para los proyectos/actividades descrita arriba. Esta declaración tiene que ser llenada y firmada por cada persona o, cabeza de familia (guardián legal) solicitando para recibir beneficios del proyecto/actividad descrita.

**Favor de responder a todas las siguientes preguntas.**

1. Para esta pregunta una familia es un grupo de parientes o no parientes viviendo en la misma casa con por lo menos un miembro siendo la cabeza de familia Arrendatarios, huéspedes, o inquilinos no se pueden incluir como miembros del hogar.  **¿Cuantas personas están en su hogar?**
2. Para esta pregunta, aquí abajo hay una lista\* de “Sumamente bajo” “Muy bajo” y ”Bajo” sueldos. Favor de marcar con un circulo el numero de personas en su domicilio y en esa misma columna marque con un circulo el sueldo que es igual o menos del sueldo/ingreso anuario combinado para todos en su domicilio.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cuantas Personas Están En Su Familia | | | | | | | | |
| NUMERO DE PERSONAS | 1 | 2 | 3 | 4 | 5` | 6 | 7 | 8 |
| SUMAMENTE BAJO | 13,450 | 16,020 | 20,160 | 24,300 | 28,440 | 32,580 | 36,730 | 40,890 |
| MUY BAJO | 22,400 | 25,600 | 28,800 | 31,950 | 34,550 | 37,100 | 39,650 | 42,200 |
| BAJO | 35,800 | 40,900 | 46,000 | 51,200 | 55,200 | 59,300 | 63,400 | 67,500 |

1. Favor de indicar su RAZA (marque una categoría) y ETNICIDAD HISPANA (indique si o no). Para ayuda consulte la lista de definiciones en la pagina 2.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RAZA | | | | | | | | | |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Blanco/  europeo | Negro/  Africano/  Afro-Americano | Asia-  tico | Indígena de las Americas  o Alaska | Indígena de Hawai u otra Isla del Pacifico | Mestizo  de Indígena americano  y Blanco/  europeo | Asia-tico  y Blanco/  europeo | Negro/  Africano  y Blanco/  europeo | Indígena americano  y Negro/  Africano | Otra com-binacion de razas |

**ETNIDAD HISPANA: SI**  **NO**

1. Favor de indicar SI o NO, si Usted es una mujer y mantenedora solo de su familia.
2. Indique si hay alguien incapacitado en su domicilio SI NO Si índico que si, ¿Ha modificado su domicilio para la persona incapacitada? SI NO
3. Si calificaria UD. en uno de las categorías siguientes (marque todos que le aplican):

niño maltratado  esposa batida anciono/a; persona sin casa veterano

persona incapacitada  persona analfabeta  labrador del campo migratorio

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECONOCIMIENTO Y RENUNCIO

YO CERTIFICO, BAJO PENA DE PERJURIO, QUE LAS DECLARACIONES DE SUELDO Y HOGAR HECHAS SOBRE ESTE IMPRESO SON CIERTOS. LA INFORMACION PUEDE SER VERIFICADA.

NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECCION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMERO TELEFONICO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

La información en esta forma es para el programa Community Development Block Grant (CDBG) y será guardado en confianza. Se puede quitar el nombre, direccion y número de teléfono antes de mandarle al Town of Apple Valley.