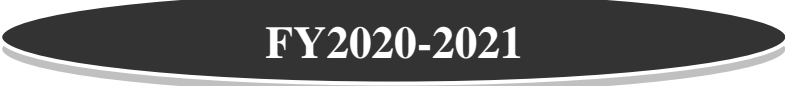


**AGENCY NAME** \_\_\_\_\_

**Applicant Information Form (AIF) City of Glendale - Community Development Block Grant Program**



First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

ZIP Code:

\_\_\_\_\_

Sex: (circle)

Home Phone:

Message Phone:

Male Female

\_\_\_\_\_

\_\_\_\_\_

Ethnicity/Race: Complete Steps 1 & 2.	
<b>Step One - Circle one:</b>	
• Hispanic	• Non-Hispanic
<b>Step Two - Next, circle a category that best describes you:</b>	
• White	• American Indian/Alaskan Native & White
• Black/African American	• Asian & White
• Asian	• Black/African American & White
• American Indian/Alaskan Native	• American Indian/Alaskan Native & Black/African American
• Native Hawaiian/Other Pacific Islander	• Other Combination of two or more races.

**Eligibility Information**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the Agency requesting this information or to the City of Glendale CDBG Program.

**My total family\* size consists of \_\_\_\_\_ members, and the total gross annual income\*\* for all adult members is \$ \_\_\_\_\_.**

**\*"Family" is defined as: All persons living in a household who are related by birth, marriage or adoption.**

**\*\*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of "live-in aids" as defined at 24 CFR 5.403).**

**Source of Income. Check one or more items below:**

<input type="checkbox"/>	Employment, Pay Stubs, W-2 (Box 1 Gross Income)
<input type="checkbox"/>	Self-employment, Business Income, 1099
<input type="checkbox"/>	Disability Income
<input type="checkbox"/>	TANF/ Public Assistance Income
<input type="checkbox"/>	Unemployment Income
<input type="checkbox"/>	Worker's Compensation
<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Social Security, Pension, Retirement
<input type="checkbox"/>	Other: Specify

**COMPLETE SIGNATURES ON SECOND PAGE**

**FOR COMMUNITY AGENCY USE ONLY.**

**Must Complete:** Annual Family Gross Income \_\_\_\_\_

- Full name and signatures of all adult family members on Page 2 completed.
- 10% Income Verification Documentation is attached if this box is checked.

**Family Income Category: (Check one only. Refer to Income Calculation Sheet - Exhibit A)**

- Level 1 Income.
- Level 2 Income.
- Level 3 Income.
- Level 4 Income.

**Program Staff's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CDBG SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

<b>APPLICANT (MUST MATCH FIRST PAGE APPLICANT NAME)</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

<b>OTHER BENEFICIARY ADULTS (18 Years and Older)</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

<b>OTHER BENEFICIARY MINORS (17 Years and Younger)</b>	
<b>Printed Name</b>	<b>Date</b>
<b>Printed Name</b>	<b>Date</b>
<b>Printed Name</b>	<b>Date</b>
<b>Printed Name</b>	<b>Date</b>
<b>Printed Name</b>	<b>Date</b>
<b>Printed Name</b>	<b>Date</b>

**WARNING:** I certify that the information contained on this form is complete and true to the best of my knowledge. I authorize the City of Glendale or its providers/agencies to request and obtain income documentation from me, if necessary. **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. Making false statements is a felony under California State Law (Penal Code Sections: 115, 118, 484, 532) and may result in criminal charges.