

FY2021-2022

First Name: _____ **Middle:** _____ **Last:** _____

Address:

City: _____ **State:** _____ **ZIP Code:** _____

Sex: (circle)

Home Phone:

Message Phone:

Male Female

Ethnicity/Race: Complete Steps 1 & 2.	
Step One - Circle one:	
<ul style="list-style-type: none"> • Hispanic 	<ul style="list-style-type: none"> • Non-Hispanic
Step Two – Next, circle a category that <u>best</u> describes you:	
<ul style="list-style-type: none"> • White • Black/African American • Asian • American Indian/Alaskan Native • Native Hawaiian/Other Pacific Islander 	<ul style="list-style-type: none"> • American Indian/Alaskan Native & White • Asian & White • Black/African American & White • American Indian/Alaskan Native & Black/African American • 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-Attachment B)

- 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

APPLICANT (MUST MATCH FIRST PAGE APPLICANT NAME)		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS (18 Years and Older)		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

OTHER BENEFICIARY MINORS (17 Years and Younger)	
Printed Name	Date
Printed Name	Date
Printed Name	Date
Printed Name	Date
Printed Name	Date

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.