

Beneficiary Qualification Statement

This form has the purpose of providing information needed to qualify 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 (or legal guardian of the person) requesting to receive benefits from the described project/activity. Only one statement per person, per year is required.

Please answer each of the following questions.

1. This question helps you determine the size of your household. 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 household. Renters, roomers, or boarders cannot be included as household members. **How many persons are in your household?** _____
2. This question asks if you are from low –and moderate- income household. For this question, a list of the 2018 EXTREMELY LOW- INCOME, and LOW- AND MODERATE- INCOME categories* are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income. **In the blanks provided, write (yes) or (no) if your combined gross annual income is equal to or less than the EXTREMELY LOW-INCOME _____; LOW-INCOME _____; OR LOW-AND MODERATE- INCOME _____ amount for the number of persons in your household.**

Number of Persons in Your Household	1	2	3	4	5	6	7	8
EXTREMELY LOW-INCOME	\$14,150	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380
LOW-INCOME	\$23,600	\$27,000	\$30,350	\$33,700	\$36,400	\$39,100	\$41,800	\$44,500
LOW- MODERATE- INCOME	\$37,750	\$43,150	\$48,550	\$53,900	\$58,250	\$62,550	\$66,850	\$71,150

(Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>)

3. Please indicate how you identify yourself by checking **only one** of the following choices:

	Hispanic	Non-Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/ African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/ Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Other	<input type="checkbox"/>	<input type="checkbox"/>

4. Please check whether you belong to a Female Headed Household: Yes No
5. Please describe the **condition** that would qualify you as being considered in one of the following presumed low-and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disables adult, illiterate person, or migrant farm worker: _____

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

SIGNATURE: _____ **PHONE:** _____

The information you provide on this form is for Community Block Development Grant program purposes only and will be kept confidential.