



INDIVIDUAL ELIGIBILITY FORM

For Community Development Block Grant Programs

In accordance with 24 CFR 570.506, agencies must acquire information to determine client eligibility as well as for general reporting purposes. To participate in this program that is funded by Federal Funds, you must fill out this form completely and accurately.

CLIENT ELIGIBILITY INFORMATION

CDBG Program Name: _____

GENERAL

Name					
Address					
City		State		Zip	
Home Phone		Age		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Is this client a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name of Guardian			

CLIENT INFO

Is client a Citizen or Permanent U.S. resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TX Drivers / ID No.			
Is the client a resident of the City of Pasadena?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Elderly	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Residency Proof Documentation Provided <i>(Example: driver's license / ID Card / Bill)</i>					
Primary language (optional):					
Ethnicity	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	Is Client a Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race	<input type="checkbox"/> Black / African American	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Other /Multi Racial
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> American Indian/Alaskan Native & Black	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> Asian & White	<input type="checkbox"/> Black/African American & White

INCOME

Total # of Household Members	_____	Gross Annual Household Income	\$ _____
Adults (Age 18 & older)	_____	Children (Age 17 & under)	_____
Elderly (Age 62 & older)	_____		
Proof of Income Documentation Provided <i>(Example: SS Award Letter / W-2 form / Check Stubs)</i>			
Head of Household	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender

SIGN HERE

I certify that, to the best of my knowledge and belief, all the information on and attached is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this request may be grounds for being ineligible to receive the assistance requested and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated.			
Print Name			
Signature		Date	

For Subrecipient Staff Only

STAFF ONLY

Is Client Approved/Eligible for Services?	<input type="checkbox"/> YES <input type="checkbox"/> NO	National Objective Met:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
National Objective 570.208 Benefit to Low & Moderate Income Persons	<input type="checkbox"/> LMI Area Benefit	<input type="checkbox"/> LMI Limited Clientele	<input type="checkbox"/> LMI Housing Benefit	<input type="checkbox"/> LMI Jobs Creation	
	Client Income Level	<input type="checkbox"/> 0 – 30 %	<input type="checkbox"/> 31 – 50 %	<input type="checkbox"/> 51 – 80 %	
LMILC - Presumed Benefit	<input type="checkbox"/> Abused children	<input type="checkbox"/> Battered Spouses	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeless <input type="checkbox"/> Illiterate
Name of Reviewer:	Signature:		Date:		



FORMULARIO DE ELEGIBILIDAD

For Community Development Block Grant Programs

De acuerdo con 24 CFR 570.506, las agencias deben adquirir información para determinar la elegibilidad del cliente, así como para propósitos de informes generales. Para participar en este programa que está financiado por fondos federales, debe completar este formulario de manera completa y precisa.

INFORMACION DEL CLIENTE

Nombre del Programa: _____

GENERAL

Nombre					
Dirección					
Ciudad			Estado		
# de Casa			Edad		
¿Es este cliente un menor?	<input type="checkbox"/> Sí <input type="checkbox"/> No		¿Nombre del tutor?		
Genero	<input type="checkbox"/> Masculino <input type="checkbox"/> Hembra <input type="checkbox"/> Transgenero				

CLIENT INFO

¿Ciudadano o residente permanente de los Estados Unidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No		Licencia de conducir de Texas o ID de Texas		
¿Es el cliente residente de la Ciudad de Pasadena?	<input type="checkbox"/> Sí <input type="checkbox"/> No				
Discapacitado	<input type="checkbox"/> Sí <input type="checkbox"/> No		Mayor	<input type="checkbox"/> Sí <input type="checkbox"/> No	
Prueba de Residencia <i>(Example: driver's license / ID Card / Bill)</i>					
Idioma principal (opcional):					
Etnicidad	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Veterano	<input type="checkbox"/> Sí <input type="checkbox"/> No	
Raza	<input type="checkbox"/> Black / African American		<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> American Indian/Alaskan Native & Black	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian & White

INCOME

# de miembros del hogar			Ingreso Bruto Total del Hogar	\$ _____	
Adultos (Age 18 & older)			Ninos (Age 17 & under)		
Mayor (Age 62 & older)					
Comprobante de Documentación de Ingresos <i>(Example: SS Award Letter / W-2 form / Check Stubs)</i>					
Jefe de Hogar			<input type="checkbox"/> Masculino <input type="checkbox"/> Hembra <input type="checkbox"/> Transgenero		

SIGN HERE

Yo certifico según mi conocimiento y entender que toda la información dada y adjunta es correcta, complete y proporcionada de Buena fe. Entiendo que el proveer información falsa o fraudulenta en o adjunto puede ser motive para determinarme inelegible para recibir asistencia solicitada y puedo ser penado con una multa y/o encarcelamiento. Entiendo que cualquier información dada puede ser investigada.

Nombre			
Firma			Fecha

STAFF ONLY

For Subrecipient Staff Only

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LMILC - Presumed Benefit	<input type="checkbox"/> Abused children <input type="checkbox"/> Battered Spouses <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> Illiterate				
Name of Reviewer:			Signature:		Date: