Project Name: _____ **File No.:** _____

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM YEAR 2016-2017
SELF-CERTIFICATION FOR PRESUMED CLIENTELE

1) CLIENT INFORMATION: (Please Print)

Name: _____

Address
or Mailing Address: _____

City & State: _____ **Zip** _____

2) CATEGORY:

I certify that [I am/ my family is/ are] eligible under *24 CFR 570.208(a)(2)(i)(A)* guidelines**:**

Choose One

- ☐ Senior Citizen (62+)
- ☐ Severely Disabled Adult *****
- ☐ Abused Child *****
- ☐ Migrant Farm Worker
- ☐ Homeless Person
- ☐ Illiterate Adults *****
- ☐ Victim of Domestic Violence
- ☐ Person Living with AIDS

*** If this certification is being filled out on behalf of a qualifying individual, please indicate so in the certification box below.**

3) FAMILY SIZE: (check ONLY one) 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐

4) ETHNICITY: (Select ONLY one from the Single-race or Multi-race categories)

Single race category

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander

Multi-race category

- ☐ American Indian/Alaskan Native & White
- ☐ Black/African American & White
- ☐ Hispanic/Black/African American
- ☐ Hispanic/American Indian/Alaskan Native
- ☐ Hispanic/Native Hawaiian/Other Pacific Islander
- ☐ Asian & White
- ☐ Hispanic/White
- ☐ Hispanic/Asian
- ☐ Hispanic/Asian & White
- ☐ Hispanic/Black/African American & White
- ☐ Hispanic/American Indian/Alaskan Native & White
- ☐ American Indian/Alaskan Native & Black/African American
- ☐ Hispanic/American Indian/Alaskan Native & Black/African American
- ☐ Other Multi-race (ONLY if, non-of-the-above categories identifies you)

5) CERTIFICATION:

I, _____(Signature), on _____(Date), hereby acknowledge that eligibility for assistance under this CDBG-funded program is based upon my qualification as a person/family meeting the "presumed" category under *24 CFR Part 570.208(a)(2)(i)(A)* . I agree to provide supporting documentation if requested by the County of Riverside or the U.S. Department of Housing and Urban Development (HUD).

*** I have completed this certification on behalf of the client named in Section 1 above.**

_____

(Signature) **(Date)**

Project Name: _____ **File No.:** _____

PROGRAMA DE BECA DE DESARROLLO A LA COMUNIDAD (CDBG)
AUTO-CERTIFICACION DE ELIGIBILIDAD

(no para uso a albergar las actividades)

Año del Proyecto:_____

1) Nombre: _____

Dirección
o Dirección Postal: _____

Ciudad y Estado:_____ **Codigo Postal:** _____

2) CATEGORIA:

Certifico que [soy/mi familia es/son] elegible bajo las pautas *24 CFR 570.208(a)(2)(i)(A)*

- ☐ Persona de la tercera edad
- ☐ Severamente Incapacitado
- ☐ Niños abusados
- ☐ Jornalero Migratorio
- ☐ Sin hogar
- ☐ Adultos analfabetos
- ☐ Violencia doméstica
- ☐ SIDA

3) NUMERO DE FAMILIA: (marque solamente uno) 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐

4) GRUPO ÉTNICO:

(Solamente seleccione una de las categorías de razas/multi-razas la cual lo describe a usted)

Categoría de raza individual

- ☐ Blanco
- ☐ Negro/Afro Americano
- ☐ Asiatico
- ☐ Nativo Americano/Nativo de Alaska
- ☐ Nativo de Hawaii/Otro Isleño del Pacifico

Categoría de Multi-raza

- ☐ Nativo Americano/Nativo de Alaska y Blanco
- ☐ Negro/Afro Americano y Blanco
- ☐ Hispano/Negro/Afro Americano
- ☐ Hispano/Nativo Americano/Nativo de Alaska
- ☐ Hispano/Nativo de Hawaii/Otro Isleño del Pacifico
- ☐ Hispano/Nativo Americano/Nativo de Alaska y Blanco
- ☐ Asian & White
- ☐ Hispano/Blanco
- ☐ Hispano/Asiatico
- ☐ Hispano/Asiatico y Blanco
- ☐ Hispano/Negro/Afro Americano y Blanco
- ☐ Nativo Americano/Nativo de Alaska y Negro/Afro Americano
- ☐ Hispano/Nativo Americano/Nativo de Alaska y Negro/Afro Americano
- ☐ Otro (solamente seleccione si ninguna de las categorías mencionadas se idenfican con su étnicidad)

5) CERTIFICACION:

Yo, _____(firma), en _____(Fecha), por la presente reconosco que los requisitos para la ayuda financiera bajo el programa de CDBG es basado sobre mi calificación como persona/familia cumpliendo respectivamente bajo la "supuesta" categoria 24 CFR 570.208(a)(2)(i)(A). Yo estoy de acuerdo en proveer documentación valida, si es que fuera requrida por el Condado de Riverside o el Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD).

*** I have completed this certification on behalf of the client named in Section 1 above.**

_____

(Signature) **(Date)**

CDBG Desk Guide Glossary

Presumed means as the term is defined in 24 CFR 570.208(a)(2)(i)(A)

Benefit a clientele who are generally presumed to be principally low and moderate income persons. Activities that exclusively serve a group of persons in any one or a combination of the following categories may be presumed to benefit persons, 51 percent of whom are low-and moderate-income:

(A) abused children

(B) battered spouses

(C) elderly persons

(D) adults meeting the Bureau of the Census' Current Population Reports definition of “severely disabled”

(E) homeless persons

(F) illiterate adults

(G) persons living with AIDS

(H) migrant farm workers

Homeless means as the term is defined in 42 U.S.C. 11302.

A. IN GENERAL - For purposes of this Act, the term "homeless" or "homeless individual or homeless person" includes:

(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and

(2) an individual who has a primary nighttime residence that is:

a) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

b) a institution that provides a temporary residence for individuals intended to be institutionalized; or

c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings.