

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM YEAR 2022-2023 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 | <input type="checkbox"/> Senior Citizen (62+) | <input type="checkbox"/> Homeless Person |
| | <input type="checkbox"/> Severely Disabled Adult * | <input type="checkbox"/> Illiterate Adults * |
| | <input type="checkbox"/> Abused Child * | <input type="checkbox"/> Victim of Domestic Violence |
| | <input type="checkbox"/> Migrant Farm Worker | <input type="checkbox"/> 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

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

Multi-race category

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> Hispanic/White |
| <input type="checkbox"/> Hispanic/Black/African American | <input type="checkbox"/> Hispanic/Asian |
| <input type="checkbox"/> Hispanic/American Indian/Alaskan Native | <input type="checkbox"/> Hispanic/Asian & White |
| <input type="checkbox"/> Hispanic/Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Hispanic/Black/African American & White |
| <input type="checkbox"/> Hispanic/American Indian/Alaskan Native & White | |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | |
| <input type="checkbox"/> Hispanic/American Indian/Alaskan Native & Black/African American | |
| <input type="checkbox"/> 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) 2022-2023

AUTO-CERTIFICACION DE ELIGIBILIDAD

(no para uso a albergar las actividades)

Año del Proyecto: _____

1) Nombre: _____

Dirección

o Dirección Postal: _____

Ciudad y Estado: _____ Código 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

Sin hogar

Severamente Incapacitado

Adultos analfabetos

Niños abusados

Violencia doméstica

Jornalero Migratorio

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

Nativo Americano/Nativo de Alaska

Negro/Afro Americano

Nativo de Hawaii/Otro Isleño del Pacifico

Asiatico

Categoría de Multi-raza

Nativo Americano/Nativo de Alaska y Blanco

Asian & White

Negro/Afro Americano y Blanco

Hispano/Blanco

Hispano/Negro/Afro Americano

Hispano/Asiatico

Hispano/Nativo Americano/Nativo de Alaska

Hispano/Asiatico y Blanco

Hispano/Nativo de Hawaii/Otro Isleño del Pacifico

Hispano/Negro/Afro Americano y Blanco

Hispano/Nativo Americano/Nativo de Alaska 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" categoría 24 CFR 570.208(a)(2)(i)(A). Yo estoy de acuerdo en proveer documentación valida, si es que fuera requerida 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.