



City of Albany
Community Development Block Grant Program
2016 CLIENT CERTIFICATION FORM

Community Development Dept.
P.O. Box 490
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www.cityofalbany.net/cdbg

Today's Date: _____

This program is receiving a Community Development Block Grant (CDBG) from the United States Department of Housing and Urban Development (HUD). HUD requires this information on each beneficiary served to ensure the program is meeting national objectives of the CDBG program to serve Albany's low and moderate income residents.

1. **RESIDENCY.** Do you live within the city limits of Albany (circle)? Yes No

2. **RACIAL AND ETHNIC INFORMATION.** HUD requires this information for all program beneficiaries.

Race: Please check the box or boxes next to your race.
(You may check more than one box.)

- American Indian or Alaska Native (origins in N., S. and Central America)
- Asian (origins in Far East, SE Asia, Indian subcontinent)
- Black or African American (origins in Africa)
- Native Hawaiian or Other Pacific Islander
- White (origins in Europe, Middle East, or Northern Africa)

Ethnicity: Please check the box next to your ethnicity (culture heritage, nationality):

- Hispanic or Latino
- Not Hispanic or Latino

3. **INCOME CERTIFICATION:** The assistance you receive is determined in part by the size of your household and your income.

a. **Presumed Low Income:** HUD presumes residents in certain situations to be low income, "presumed benefit clientele." Please check all applicable boxes. **If none of the boxes below describe you or your household, please complete 3.b.**

- | | |
|--|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Battered spouses |
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Migrant farm workers |
| <input type="checkbox"/> Elderly persons (65 and older) | <input type="checkbox"/> Illiterate persons |
| <input type="checkbox"/> Disabled persons - a resident qualifies if they: | |
| <ul style="list-style-type: none"> • Have used a wheelchair or another special aid for 6 months or longer, or • Are unable to perform one or more functional activities or need assistance with an activity of daily living (ADL) or an instrumental activity of daily living (IADL), or • Are prevented from working at a job or doing housework, or • Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or have an intellectual or developmental disability, or • Are under 65 years of age and are covered by Medicare or receive SSI (Supplemental Security Income). | |

Functional activities include: seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking.

ADL's include: getting around inside the home, getting in and out of bed or a chair, bathing, dressing, eating, and toileting; and going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

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b. **NOT Presumed Low Income:** Please check applicable types of assistance you or your household CURRENTLY receive and provide verification of this assistance to the agency. If none of these situations apply, please complete 3.c.

- TANF or Oregon Trail Card (Temporary Assistance for Needy Families)
- SNAP Card/Food Stamps (Supplemental Nutrition Assistance Program)
- SSI (Supplemental Security Income for disabled children and adults)
- Medicare

c. **Income Verification:** If you were unable to check any boxes in 3a. or 3.b. above, you will need to calculate your annual income.

- First, circle your household size (the total number, including yourself, who live in your home).
- Second, calculate your ANNUAL income. If your income has not changed since your most recent tax return, HUD allows you to use the adjusted gross income reported on your most recent IRS tax return (1040 or EZ). **Provide income verification to the agency you are seeking services from.**

What Constitutes Income? Income includes gross wages, regular overtime, social security payments, retirement, disability, alimony, child support, and unemployment, but not food stamps or lump sum payments such as insurance settlements.

- Third, in the column matching your household size, circle the number that is both **higher than your annual adjusted gross income and closest to your annual income.**

For example, if you have 2 people in your household, and earn \$20,000, you would circle \$21,450.

Albany, OR MSA: 2016	Persons in Household							
HUD Income Limits	1	2	3	4	5	6	7	8
30% of median income	\$11,880	\$16,020	\$20,160	\$24,300	\$28,440	\$31,100	\$33,250	\$35,400
50% of median income	\$18,800	\$21,450	\$24,150	\$26,800	\$28,950	\$31,100	\$33,250	\$35,400
80% of median income	\$30,050	\$34,350	\$38,650	\$42,900	\$46,350	\$49,800	\$53,200	\$56,650
> than 80% of median income	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds

4. **OTHER INFORMATION.** Please check all fields that apply to you or someone in your household.

	You	Household Member
Female-headed household:	_____	_____
Head of household is 65 and older:	_____	_____

5. **CLIENT CERTIFICATION.** BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES AND REPAYMENT OF FEDERAL FUNDS RECEIVED. I UNDERSTAND THAT THE INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION BY HUD OR THE CITY AS PART OF COMPLIANCE MONITORING.

SIGNATURE: _____