The City of Albany granted Community Development Block Grant (CDBG) from the United States Department of Housing and Urban Development (HUD) to the agency providing services. 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

   *If you are under the age of 18, the form should be completed by your parent(s) or legal guardian if possible.*

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. **HOUSEHOLD INCOME.** The assistance you receive is determined in part by the size of your household and your household 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.**
   - 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.

   **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.

   For example, if you have 2 people in your household, and live in Linn County and earn $22,000, you would circle $26,250.

<table>
<thead>
<tr>
<th>Albany, OR MSA</th>
<th>Persons in Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 HUD Income Limits</td>
<td>1  2  3  4  5  6  7  8</td>
</tr>
<tr>
<td>30% of median income</td>
<td>$13,800 $15,800 $17,750 $19,700 $21,300 $22,900 $24,450 $26,050</td>
</tr>
<tr>
<td>50% of median income</td>
<td>$23,000 $26,250 $29,550 $32,800 $35,450 $38,050 $40,070 $43,300</td>
</tr>
<tr>
<td>80% of median income</td>
<td>$36,750 $42,000 $47,250 $52,500 $56,700 $60,900 $65,100 $69,300</td>
</tr>
<tr>
<td>&gt; than 80% of median income</td>
<td>Exceeds Exceeds Exceeds Exceeds Exceeds Exceeds Exceeds Exceeds</td>
</tr>
</tbody>
</table>
4. **INCOME CERTIFICATION**: Determine whether your situation qualifies you as a presumed low-income person.

a. **Presumed Low Income**: HUD presumes people 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 4.b.**

- [ ] Homeless
- [ ] Abused children
- [ ] Elderly persons (62 and older)
- [ ] Battered spouses
- [ ] Migrant farm workers
- [ ] Illiterate persons
- [ ] Disabled persons - a person qualifies if they:
  - [ ] 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.

b. **NOT Presumed Low Income – INCOME VERIFICATION NEEDED**: Unless you qualify as a presumed benefit clientele, **you must provide income verification to the agency providing assistance to you every 12 months**.

- [ ] Provide most recent federal tax return if your household income has not changed since filing; OR
- [ ] Provide a copy of the most recent paystubs or retirement income for all household members 18 and older, or if you are unemployed, please provide a copy of the most recent unemployment payment; AND
- [ ] If you receive social security and/or veteran benefits or alimony, please provide a copy of the most recent payments for each household member.

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

<table>
<thead>
<tr>
<th>You</th>
<th>Household Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

6. **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:** ___________________________________________ **DATE:** __________________________