

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM YEAR 2021-2022
SELF-CERTIFICATION FOR PRESUMED CLIENTELE**

1) CLIENT INFORMATION

Name:

(Please Print) _____

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 | (A) _____ Senior Citizen (62+) | (E) _____ Homeless Person |
| | (B) _____ Severely Disabled Adult * | (F) _____ Illiterate Adults * |
| | (C) _____ Abused Child * | (G) _____ Victim of Domestic Violence |
| | (D) _____ Migrant Farm Worker | (H) _____ 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)

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

(no para uso a albergar las actividades)

Año del Proyecto _____

Nombre: _____

Dirección o Dirección Postal: _____

Ciudad y Estado: _____ Codigo Postal _____

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

- (A)____ Persona de la tercera edad (D)____ Jornalero Migratorio (G)____ Violencia doméstica
(B)____ Severamente Incapacitado (E)____ sin hogar (H)____ SIDA
(C)____ Niños abusados (F)____ Adultos analfabetos

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

3) **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 identifican con su etnicidad)

4) **CERTIFICACION:**

Yo, _____(firma), en _____(Fecha), por la presente reconozco 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 requerida por el Condado de Riverside o el Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD).

CDBG Deskguide 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, and
- (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.