

# COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM YEAR 2023-2024 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:

- |                       |                                                    |                                                      |
|-----------------------|----------------------------------------------------|------------------------------------------------------|
| <b>Choose<br/>One</b> | <input type="checkbox"/> Senior Citizen (55+)      | <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) 2023-2024 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)

- |                                                           |                                              |
|-----------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Persona de la tercera edad (55+) | <input type="checkbox"/> Sin hogar           |
| <input type="checkbox"/> Severamente Incapacitado         | <input type="checkbox"/> Adultos analfabetos |
| <input type="checkbox"/> Niños abusados                   | <input type="checkbox"/> Violencia doméstica |
| <input type="checkbox"/> Jornalero Migratorio             | <input type="checkbox"/> 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

- |                                               |                                                                    |
|-----------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Blanco               | <input type="checkbox"/> Nativo Americano/Nativo de Alaska         |
| <input type="checkbox"/> Negro/Afro Americano | <input type="checkbox"/> Nativo de Hawaii/Otro Isleño del Pacifico |
| <input type="checkbox"/> Asiatico             |                                                                    |

### Categoría de Multi-raza

- |                                                                                                                             |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Nativo Americano/Nativo de Alaska y Blanco                                                         | <input type="checkbox"/> Asian & White                         |
| <input type="checkbox"/> Negro/Afro Americano y Blanco                                                                      | <input type="checkbox"/> Hispano/Blanco                        |
| <input type="checkbox"/> Hispano/Negro/Afro Americano                                                                       | <input type="checkbox"/> Hispano/Asiatico                      |
| <input type="checkbox"/> Hispano/Nativo Americano/Nativo de Alaska                                                          | <input type="checkbox"/> Hispano/Asiatico y Blanco             |
| <input type="checkbox"/> Hispano/Nativo de Hawaii/Otro Isleño del Pacifico                                                  | <input type="checkbox"/> Hispano/Negro/Afro Americano y Blanco |
| <input type="checkbox"/> Hispano/Nativo Americano/Nativo de Alaska y Blanco                                                 |                                                                |
| <input type="checkbox"/> Nativo Americano/Nativo de Alaska y Negro/Afro Americano                                           |                                                                |
| <input type="checkbox"/> Hispano/Nativo Americano/Nativo de Alaska y Negro/Afro Americano                                   |                                                                |
| <input type="checkbox"/> 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) an 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 accommodation for human beings.