

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM 2024-2025**  
**SELF-CERTIFICATION FOR PUBLIC SERVICE AGENCY CLIENTELE**  
 (Not for use on housing activities)

**Project Name:** \_\_\_\_\_

**File No.:** \_\_\_\_\_

**1) CLIENT INFORMATION:** (Please Print)

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**2) CATEGORY:**

I consider myself in one of the following categories (please check ONLY one)

- Senior Citizen                       Migrant Farm Worker                       Homeless  
 Physically Challenged                       Severely disabled adults                       None of the above

**3) FAMILY SIZE: (check ONLY one)**    1     2     3     4     5     6     7     8

**4) FAMILY INCOME:** My current family **yearly income** from all sources is: \_\_\_\_\_

Note: Family income means the total income of all persons living in the same household who are related by birth, marriage or adoption and are benefiting from the activities (public services or job creation, which benefit an individual or family). (Ref. 24 CFR 570.3)

**Proof of Income received:**  Yes  No    **Source of Proof:** \_\_\_\_\_    **Verified by:** \_\_\_\_\_

**5) INCOME LEVEL:** Low     Very Low     Extremely Low

Riverside County, California										
FY 2024 Income Limit Area	Median Income	FY 2024 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Riverside County	\$97,500	<b>Extremely Low (30%) Income Limits</b>	\$21,550	\$24,600	\$27,700	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720
		<b>Very Low (50%) Income Limits</b>	\$35,900	\$41,000	\$46,100	\$51,250	\$55,350	\$59,450	\$63,550	\$67,650
		<b>Low (80%) Income Limits</b>	\$57,400	\$65,600	\$73,800	\$82,000	\$88,600	\$95,150	\$101,650	\$108,250

**6) ETHNICITY: (Select ONLY one from the Single-race or Multi-race categories)**

**Single race category**

- White  
 American Indian/Alaskan Native  
 Black/African American  
 Native Hawaiian/Other Pacific Islander  
 Asian

**Multi-race category (cont.)**

- Hispanic/Black/African American  
 Hispanic/Native Hawaiian/Other Pacific Islander  
 Hispanic/Black/African American & White  
 Hispanic/American Indian/Alaskan Native  
 Hispanic/American Indian/Alaskan Native & White  
 Hispanic/American Indian/Alaskan Native & Black/African  
 Other Multi-race

**Multi-race category**

- American Indian/Alaskan Native & White  
 Asian & White  
 Black/African American & White  
 Hispanic/White  
 Hispanic/Asian

(ONLY if none of the above categories identifies you)

**BENEFICIARY:** I, \_\_\_\_\_ on \_\_\_\_\_, acknowledge that qualification for assistance funded under the CDBG program is based upon having a qualifying family income and that the income levels I have certified to in this self-certification are current as of the date signed and may be subject to further verification by the grantee and/or HUD and I authorize such verification and will provide supporting documents if it is necessary.