# City of Santa Ana CDBG Program

**Statistical Information and Income Self-Certification Form**

Federally funded Community Development Block Program (CDBG) participants must disclose statistical information in order to participate. The information on this application is necessary for federal reporting purposes. Please print and answer all questions completely.

|  |  |  |
| --- | --- | --- |
| First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address (residence):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Telephone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_\_\_\_\_\_\_ | Gender: Male Female |
|  |  | Female Head of Household: Yes No |
| **Ethnicity (must check one):** | **Race (must check one):** |  |
| Hispanic Non-Hispanic | WhiteBlack/African AmericanAsianAmerican Indian/Alaskan NativeNat. Hawaiian/Other Pacific Islander | American Indian/Alaskan Nat & WhiteAsian & WhiteBlack/African American & WhiteAmer. Ind./Alaskan Nat. & BlackOther Multi-Racial |

#### FAMILY INCOME:

Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all family members 18 years of age and older.

#### FAMILY INCOME TABLE\* (BELOW): Family income must include income for all family members 18 years of age and older.

1. **FIRST circle the number of persons in your household**
2. **THEN go across and circle your household annual Income Category**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household Size | Extremely Low Income 0% to 30% | Low Income 31% - 50% | Moderate Income 51% - 80% | Above Moderate 81% and above |
| 1 Person | $0 to $26,950 | $26,951 to $44,850 | $44,851 to $71,750 | $71,751 and above |
| 2 Persons | $0 to $30,800 | $30,801 to $51,250 | $51,251 to $82,000 | $82,001 and above |
| 3 Persons | $0 to $34,650 | $34,651 to $57,650 | $57,651 to $92,250 | $92,251 and above |
| 4 Persons | $0 to $38,450 | $38,451 to $64,050 | $64,051 to $102,450 | $102,451 and above |
| 5 Persons | $0 to $41,550 | $41,551 to $69,200 | $69,201 to $110,650 | $110,651 and above |
| 6 Persons | $0 to $44,650 | $44,651 to $74,300 | $74,301 to $118,850 | $118,851 and above |
| 7 Persons | $0 to $47,700 | $47,701 to $79,450 | $79,451 to $127,050 | $127,051 and above |
| 8 or More | $0 to $50,800 | $50,801 to $84,550 | $84,551 to $135,250 | $135,251 and above |

***\* FY 2020 Income limits effective 5/1/2020***

**Family Size Total:** = Children (0-17 years of age):

+ Adults (18+ years of age):

**CERTIFICATION: (Please read before signing**)

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period of time or falsification of this information shall be grounds for my termination from the program. I authorize the release of said information to local, State and/or Federal agencies and to City Santa Ana staff within five years of this date.

Print Name (applicant) Signature Date

Print Name (parent/guardian if applicant is a minor) Signature Date

Staff Reviewer Staff Signature Date

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|  |  |  |
| --- | --- | --- |
| First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address (residence):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Household Family Members**: |
| First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Child Spouse Family Member |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_\_\_\_\_\_\_ | Gender: Male Female |
| **Ethnicity (must check one):** | **Race (must check one):** |  |
| Hispanic Non-Hispanic | WhiteBlack/African AmericanAsianAmerican Indian/Alaskan NativeNat. Hawaiian/Other Pacific Islander | American Indian/Alaskan Nat & WhiteAsian & WhiteBlack/African American & WhiteAmer. Ind./Alaskan Nat. & BlackOther Multi-Racial |
| First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Child Spouse  Other |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_\_\_\_\_\_\_ | Gender: Male Female |
| **Ethnicity (must check one):** | **Race (must check one):** |  |
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| First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Child Spouse  Other |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_\_\_\_\_\_\_ | Gender: Male Female |
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| First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Child Spouse  Other |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_\_\_\_\_\_\_ | Gender: Male Female |
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