

**City of Lynwood  
Community Development Block Grant Program**

**PARTICIPATION DATA – FY 2017-2018**

**Program:** \_\_\_\_\_

*The service being provided to you is funded in part by the U.S. Department of Housing and Urban Development (HUD). HUD monitors the City as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.*

This application must be completed and signed by each applicant or applicant's legal guardian, who seeks to receive benefits from the program listed above. Proof of City of Lynwood residence and household income must be provided with this application.

**Applicant Name:** \_\_\_\_\_  Male  Female

**Participant Name if Minor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ Lynwood, CA 90262

\*provide proof of City of Lynwood residence: copy of utility bill, identification, school verification and/or billing statement.

**Phone No:** \_\_\_\_\_

- 1. Status (Check all that apply):**  62 years or older  Disabled
- 2. Head of Household:** Are you the head of the household?  Yes  No
- 3. If you are not the head of the household, is the head of household female?**  Yes  No

**4. Household Size and Total Annual Household Income:**

\*A household is a group of related or unrelated persons living in the same house.

A. Circle the total number of people in your household in the first column.

B. On the line corresponding to your household size, check the income range that includes your household's annual income.

**A. Household Size**

**B. Total Household Income**

	<u>Extremely Low</u>	<u>Very Low Income</u>	<u>Low Income</u>
1	<input type="checkbox"/> \$18,950 or less	<input type="checkbox"/> \$18,951 to \$31,550	<input type="checkbox"/> \$31,551 to \$50,500
2	<input type="checkbox"/> \$21,650 or less	<input type="checkbox"/> \$21,651 to \$36,050	<input type="checkbox"/> \$36,051 to \$57,700
3	<input type="checkbox"/> \$24,350 or less	<input type="checkbox"/> \$24,351 to \$40,550	<input type="checkbox"/> \$40,551 to \$64,900
4	<input type="checkbox"/> \$27,050 or less	<input type="checkbox"/> \$27,051 to \$45,050	<input type="checkbox"/> \$45,051 to \$72,100
5	<input type="checkbox"/> \$29,250 or less	<input type="checkbox"/> \$29,251 to \$48,700	<input type="checkbox"/> \$48,701 to \$77,900
6	<input type="checkbox"/> \$32,960 or less	<input type="checkbox"/> \$32,961 to \$52,300	<input type="checkbox"/> \$52,301 to \$83,650
7	<input type="checkbox"/> \$37,140 or less	<input type="checkbox"/> \$37,141 to \$55,900	<input type="checkbox"/> \$55,901 to \$89,450
8 or more	<input type="checkbox"/> \$41,320 or less	<input type="checkbox"/> \$41,321 to \$59,500	<input type="checkbox"/> \$59,501 to \$95,200

\*Effective Fiscal Year 2017

Check here if your income does not fall into any of the income ranges corresponding with your household size.

**5. Do you receive income from any of the following sources?**

- CalWORKs
- Food Stamps
- General Assistance
- Medi-Cal
- Social Security
- Other:

**6. Race:**

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & Black/African and White
- Other Multi-Racial: \_\_\_\_\_

**Hispanic Ethnicity**

- Hispanic/  Not Hispanic

- Decline to state

**ACKNOWLEDGMENT AND DISCLAIMER**

I hereby certify under penalty of perjury that the above information I have provided in this application is true & correct. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

\_\_\_\_\_  
**Signature of Applicant/Applicant's Legal Guardian**

\_\_\_\_\_  
**Date**

*For Office Use Only*

Income Category:  Extremely Low Income  Very Low Income  Low Income

Household Income Eligible       Household Income Not Eligible; Exceeds Income Limits