

# INSTRUCTIONS FOR COMPLETING INDIVIDUAL ELIGIBILITY FORM

## Community Development Block Grant (CDBG) Program

All requested information must be completed. Please follow all instructions precisely. Please print.

**Eligibility Information** (completed by individual, parent or legal guardian of person being provided services, or agency)

1. Print the last name and first name of the individual receiving services.
2. Print the address, city, state, and zip code of the individual receiving services. If the individual is homeless, please write "homeless" in the address field. *Please see #10.*
3. The head of household is the person in whose name the housing unit is owned or rented. Check only one box.
4. Include the total number of all people living in the housing unit.
5. Include the dollar amount of the total **annual gross** income of the household.

**Client Personal Information** (please print)

6. Indicate the age of the individual receiving services.
7. Check the box that indicates the sex of the individual receiving services.
8. Check only one box that identifies the **ethnicity** of the individual receiving services **and** only one box that indicates **race** of the individual receiving services.
9. Check the box that indicates whether the individual receiving services has been diagnosed with a disability.
10. Check the box that identifies whether the individual receiving services is homeless. If yes, then provide documentation (i.e. agency verification letter).
11. Indicate whether the individual's temporary U.S. residency status was granted pursuant to 245A or 210 of the Immigration and Nationality Act.
12. Print the name of the person completing this form. If the person completing this form is the individual receiving services, this is the name that should be printed. However, **if the individual receiving services is under 18 years of age, the name of his or her parent/legal guardian should be printed.**
13. Provide the signature of the person completing this form. If the person completing this form is the individual receiving services, this is the person who should sign. However, **if the individual receiving services is under 18 years of age, the person signing should be the name of his or her parent/legal guardian. The name that is printed in #12 should be the same name signed in #13.**
14. Print the date the form was signed.
15. Include any additional comments on the lines provided.

**For Subrecipient Use Only**

16. Select the category according to income limits. Refer to guidelines and maintain source documentation in the file.
17. Use the information from #2 to verify service area eligibility using the *Harris County Appraisal District (HCAD) website at "WWW.HCAD.ORG"* to verify if the individual receiving services is a resident of the HCCSD Service Area and attach a copy of the print-out.
18. Check the appropriate box that indicates whether the individual was approved for services from your agency.
19. Check the types of services the individual received from your agency. If "other," please briefly explain.
20. Print the name of the staff member who authorized this form.
21. Provide the signature of the staff member authorizing this form.
22. Print the date the form was signed by the staff member.

**For Harris County Community Services Department use only:**

23. Check the appropriate box that indicates whether the "*Individual Eligibility Form*" is approved.
24. Project Monitor must sign and date approval of form.