



INDIVIDUAL ELIGIBILITY FORM

For Community Development Block Grant Programs

In accordance with **24 CFR 570.506**, agencies must acquire information to determine client eligibility as well as for general reporting purposes.

To participate in this program that is funded by Federal Funds, you must fill out this form completely and accurately.

Date: _____

Eligibility Information (Please Print)

Last Name	First Name
Address, City, State, Zip Code	

*Head of Household: Male Female

Number of Persons in Household: _____

Annual Household Income: _____
(Maintain income documentation in client file)

Client Information

Age: _____ Sex: Male Female

Ethnicity: Hispanic
 Non-Hispanic

Race: White
 Black/ African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/ Other Pacific Islander
 American Indian/Alaskan Native/ White
 Asian and White
 Black/African American and White
 American Indian/Alaskan Native and Black/African American
 Other Multi-racial

Disabled: Yes No

Homeless: Yes No

Eligible Immigration Status:
Please indicate if your temporary U.S. residency status was granted pursuant to 245A or 210 of the Immigration and Nationality Act.

Yes No or Not Applicable

***I certify that, to the best of my knowledge and belief, all the information on and attached is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this request may be grounds for being ineligible to receive the assistance requested and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated. I understand and agree to comply with the requirements of 24 CFR 570.613.**

Name: _____

Signature: _____

Date: _____

Comments: _____

****Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

For Subrecipient Use

Low/Mod Eligibility (Check One)

0-30% MFI _____ 31-50% MFI _____

51-80% MFI _____ 80+ MFI _____

Source of Income: _____

Is client a resident of HCCSD Service Area?

Yes No Homeless

Did you attach Harris County Appraisal District

Information? Yes No

Jurisdiction Codes:

Is client approved for services?

Yes No

Type of service received:

Counseling _____ Job develop _____

Shelter _____ Financial Assistance: _____

Food pantry _____ Housing placement/asst. _____

Other _____ Explain: _____

Authorized by: (signature of authorized subrecipient staff)

Name: _____

Signature: _____

Date: _____

For HCCSD Use

Is this an eligible client and activity?

Yes No

Reviewed By: _____

Date: _____

*** The head of household is the person in whose name the housing unit is owned or rented.**