

**2021-2022 City of Camarillo
Community Development Block Grant Program
Eligibility Certification Form – Limited Clientele-Family Income**
(Revised February 15, 2022)



Agency: Pleasant Valley Recreation & Park District

Program Name: Food Distribution

This part of the form must be completed by the applicant and signed on the next page in order to receive services through a City of Camarillo Community Development Block Grant program.

Name: _____

Address: _____

Are you Homeless? Yes No

Phone Number: _____

I. Family Size

Family includes all those related by blood or law residing in same housing unit.

	Name	Relationship
1.		Self
2.		
3.		
4.		
5.		
6.		

II. Family Income

Family income includes pre-tax wages (gross) and income received by all family members residing together in the same housing unit. Count the income anticipated for the year immediately following the date of this document. For example:

- Wages from Work
- Net Income from Self Employment
- Disability or Unemployment
- SSI, SSDI, or other Social Security Benefits
- Pensions, Annuity Payments, or Retirement Income
- Interest or Dividends Earned on Cash Investments
- Alimony or Child Support
- Cash Public Assistance

Total Projected Annual Family Income: \$ _____

III. Applicant Certification

Must be signed by an adult family member who has adequate personal knowledge of the facts of the family composition and income to reasonably self-certify.

I, _____ acknowledge that qualification for assistance under the Community Development Block Grant (CDBG) Program is based upon the information provided on this form. I certify that the information provided is true and correct. I understand that my statements in this document may be subject to further verification by the City of Camarillo or the Department of Housing and Urban Development. I agree to provide the supporting documents if requested. I further understand that providing false or misleading information may result in being determined ineligible for current CDBG services, and/or being denied CDBG services in the future.

Signature of Applicant _____ Date _____

(OFFICE USE ONLY)

IV. Staff Certification

Did the applicant certify that they are homeless on page 1? Yes No

If not, does the applicant reside in the City of Camarillo? Yes No

(Non-homeless applicants must reside inside the City of Camarillo to be served – retain proof of residency in the applicant file.)

#1 Total Annual Family Income (from previous page) \$ _____

#2 CDBG Annual Income Limit for Family Size \$ _____

Is line #1 LESS than line #2? Yes No

Yes – this family is income-eligible.

No – this family is not income-eligible but may still be served as long as over the course of the program year at least 51% of those served as part of this grant are income-eligible.

Staff Name _____

Staff Signature _____ Date _____



Pleasant Valley Recreation & Park District Food Distribution Program Demographic Form

The Pleasant Valley Recreation & Park District appreciates your participation in the Food Distribution Program, funded in part by a grant from the City of Camarillo and the Department of Housing and Urban Development. All information collected is for reporting purposes only.

Client Information

Please answer all questions in ink or by computer. Write N/A where appropriate. Please write legibly.

Full Legal Name: _____

Email: _____

Phone: _____

Demographic Information

Please specify each family member's information using the list below:

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific
- American Indian/Alaska Native & White
- Asian & White
- Black/African American & White American
- Indian/Alaska Native & Black/African American
- Other

Please fill out one line below for each family member in household.

Last Name, First Name	Age	Gender Identity	Race	Hispanic/ Latino?
1		M F O		Y N
2		M F O		Y N
3		M F O		Y N
4		M F O		Y N
5		M F O		Y N
6		M F O		Y N
7		M F O		Y N
8		M F O		Y N
9		M F O		Y N
10		M F O		Y N

Please continue on back page if more space is needed.

Reasons for COVID-Related Loss of Income

Please specify your COVID Related Loss of Income Below:

- Laid Off
 Reduced Work Hours
 Reduced Wages or Salaries
 Unable to Work Remotely
