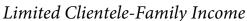
2023 City of Camarillo

Community Development Block Grant Program Eligibility Certification Form -





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.

This part of the form must be completed by the apservices through a City of Camarillo Community De	oplicant and signed on the next page in order to receive evelopment Block Grant program.
Name:	
Address:	_
Are you Homeless? Yes 🔲 No 🗖	Date of Birth:
Phone Number:	Email:

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

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

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

- Native American/Alaska Native & White
- Asian & White
- Black/African American & White
- Native American/Alaska Native & Black/African American
- Other Multiracial

Please fill out one line below for each family member in household.				
Last Name, First Name	Age	Gender Identity	Race	Hispanic/ Latino?
1 (You)		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

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II. Family Income

Family income includes pre-tax wages (gross) and income received by <u>all family members</u> 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

Total Projected Annual Family Income: \$

- Interest or Dividends Earned on Cash Investments
- Alimony or Child Support
- Cash Public Assistance

III. Applican	Must be signed by an adult family member who he facts of the family composition and income to reasons.	
	assistance under the Community Development Blothe information provided on this form. I certify to correct. I understand that my statements in the verification by the City of Camarillo or the Departm I agree to provide the supporting documents if providing false or misleading information may recurrent CDBG services, and/or being denied CDBG services.	hat the information provided is true and is document may be subject to further nent of Housing and Urban Development. requested. I further understand that esult in being determined ineligible for
	Signature of Applicant	Date
	Disease area if we we COVID Deleted I	and of language Delay.
☐ Laid Off	Please specify your COVID Related L ☐ Reduced Work Hours ☐ Reduced Wages or Salaries	Unable to Work Remotely