

CDBG-CV ASSISTANCE PERSONAL DECLARATION

Please complete all information requested in ink. **Do not leave blanks**, if the question does not apply, enter N/A, if you do not understand a question, or if you need help completing this form, please ask. This agency may be unable to recertify your eligibility for continued assistance, if it is incomplete. If information submitted on this declaration, changes, please contact the office to update as soon as possible. Please print clearly.

Effective Date: _____

COVID-19 Certification of financial Hardship

The household has experienced the following changes due to COVID-19 Pandemic (please circle all that apply):

- (1) Job Loss (2) Reduced Hours/Wages (3) Additional Expenses
 (4) Other (Please Specify): _____ (5) None

I. Household Information

Head of Household Name _____ Date of Birth _____

Unit Address _____ Telephone _____

City _____ State _____ Zip Code _____ Email _____

II. Household Member Information: Please list all persons who will live in the assisted unit beginning with the applicant.

Race: White _____ Black/African American _____ Asian _____
 American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
 American Indian/Alaskan Native & Other _____ Asian & White _____ Black/African American & White _____
 American Indian/Alaskan Native & Black/African American _____ Other Multi-Racial _____

Ethnicity: Non-Hispanic _____ Hispanic _____

Head of Household: Male _____ Female _____

III. Household Income

Please provide all income information below for **all household members**. This income may include but is not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Social Security, K-TAP, Disability Income, Child Support, Pensions, Baby-Sitting Income, etc. If you have no income, write NONE below. *****DO NOT INCLUDE COVID-19 STIMULUS MONEY OR TEMPORARY UNEMPLOYMENT INCREASE OF \$600 or \$400/PER WEEK DUE TO COVID-19 PANDEMIC*****

TOTAL GROSS ANNUAL FAMILY INCOME				
1 PERSON	___ Below \$11,770	___ \$11,771 - \$16,100	___ \$16,101 - \$25,700	___ Above \$25,701
2 PERSONS	___ Below \$15,930	___ \$15,931 - \$18,400	___ \$18,401 - \$29,400	___ Above \$29,401
3 PERSONS	___ Below \$20,090	___ \$20,091 - \$20,700	___ \$20,701 - \$33,050	___ Above \$33,051
4 PERSONS	___ Below \$22,950		___ \$22,951 - \$36,700	___ Above \$36,701
5 PERSONS	___ Below \$24,800		___ \$24,801 - \$39,650	___ Above \$39,651
6 PERSONS	___ Below \$26,650		___ \$26,651 - \$42,600	___ Above \$42,601
7 PERSONS	___ Below \$28,500		___ \$28,501 - \$45,550	___ Above \$45,551
8 PERSONS	___ Below \$30,300		___ \$30,301 - \$48,450	___ Above \$48,451

Does anyone help you pay your bills? Yes No If yes, list name and monthly amount: _____

IV. Conflict of Interest

Are you an employee or Fiscal Court/Council/Commission member of this County/City? Yes No

Are you related to an employee or member of the County Fiscal Court/City Council/City Commission? Yes No

Are you an employee or board member of this agency? Yes No

Are you related to an employee or board member of this agency? Yes No

If yes to any question above, please explain:

WARNING: Section 1001, of Title 18 of the U.S. code, makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Utility (Electric, Gas, Water, Wastewater)	Month	Amount \$
TOTAL		

VII. Signatures/Certification of True and Correct Information

I/We understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me/us from consideration for participation in the assistance program, and may be grounds for termination of assistance.

I/We hereby certify all information given on this declaration is true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect my/our recertification unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this declaration.

(Applicant Signature)

(Date)

(Spouse Signature)

(Date)

Upon the return of this completed form, this agency will begin the process of certifying your eligibility for continued assistance.

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