# 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\*\*\***

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
| 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. **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: | | | | | |  |  |  |  |  |  |
| |  |  |  | | --- | --- | --- | | **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) | | | | | |  |  |  |  |  |  |
| 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. **Upon the return of this completed form, this agency will begin the process of certifying your eligibility for continued assistance.** | | | | | |  |  |  |  |  |  |
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