

FY 2021- 2022 CDBG CLIENT BENEFICIARY FORM

This program is supported by Community Development Block Grant (CDBG) funds from the Federal Department of Housing and Urban Development (HUD). Federal regulations require that we obtain the following information to document assistance is being provided to households that make a low-to moderate-income. **This information is collected for statical purposed only and is kept in strict confidence.** The participant should complete this form indicating all persons residing within their household, regardless of whether or not they are related. Income verification is MANDATORY at the time of application. Please attached or provide the necessary supporting documentation.

PARTICIPANT STATUS: FAMILY INDIVIDUAL AGES(S) of PARTICIPANT(S)

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY/SATE

TELEPHONE

EMERGENCY CONTACT NAME, ADDRESS, PHONE

HOUSEHOLD INFORMATION

Your household should include all persons residing within your household, regardless of whether or not they are related

- Total number of members in your household
Please enter the combined gross annual income of your household \$

In the chart below, find the number of persons in your family in the left-hand column under "household size". Find your family size at the top of the chart and circle the salary range in which your household income falls.

FY 2022 Income Limit Area	Median Family Income Click for More Detail	FY 2022 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Bismarck, ND MSA	\$102,600	Very Low (50%) Income Limits (\$) Click for More Detail	35,950	41,050	46,200	51,300	55,450	59,550	63,650	67,750
		Extremely Low Income Limits (\$)* Click for More Detail	21,600	24,650	27,750	30,800	33,300	37,190	41,910	46,630
		Low (80%) Income Limits (\$) Click for More Detail	57,500	65,700	73,900	82,100	88,700	95,250	101,850	108,400

- Female Head of Household YES NO
- RACE/ETHNICITY -Please complete both the "ethnicity" and the "race" sections below. If you indicate that four people are "Hispanic or Latino, please also select a "race" for those four people

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ETHNICITY write in the number of household members who are:

Hispanic or Latino

Not Hispanic or Latino

RACE write in the number of household members who are:

Racial Categories	Total number of race responses	Total number of Hispanic or Latino responses
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
Asian and White		
Black or African American and White		
American Indian or Alaska Native and Black or African American		
Other multiple race combinations greater than one percent: (per the form instructions, write in a description using the box on the right)		
Balance of individuals reporting more than one race		
TOTAL		

4. Number of persons in Household with a disability
5. Number of Persons in Household over age 62

I certify that this income information is correct, and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of Bismarck, and the United States Department of Housing and Urban Development (HUD)

Client Signature

Date