2020 Overland Park CDBG Program

Client Eligibility Form

APPLICANT INFORMATION

Applicant Name: _____ *Phone Number:* _____

Applicant Address: _____

Number in Household: _____ *Disabled Member of Household:* ☐ Yes ☐ No

Female Head of Household: ☐ Yes ☐ No *Elderly Member of Household:* ☐ Yes ☐ No

HOUSEHOLD INFORMATION

Member of Household Name	Relationship to HH	Age	Income	Income Source	Monthly $
	Self		☐		
			☐		
			☐		
			☐		
			☐		
			☐		
			☐		
			☐		

Total Household Monthly Income: _____

Total Household Annual Income: _____

Race	# Hispanic in HH	# Non-Hispanic in HH
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Black/African American & White		
American Indian/Alaskan Native & White		
Native Hawaiian/Other Pacific Islander & White		
Asian & White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		

CERTIFICATION

I further certify that I have no financial interest in, or have received or will receive any benefit from such activities. I further certify that, for the duration of the relationship with the City of Overland Park specified above, I have had no interest in any contract, subcontract or agreement with respect to said activities, or the proceeds there under, either for myself or any person with whom I have any immediate family or business ties or relationship. I further certify that I will notify the CDBG Administrator and of any circumstances herein that change and can constitute a potential conflict of interest. Finally, I make a commitment that, pursuant to the requirements of federal laws and regulations, I will abstain from any such interests for at least one year after the termination of said relationship with the City of Overland Park.

Applicant Signature: _____ *Date:* _____

Co-Applicant Signature: _____ *Date:* _____

AGENCY USE ONLY

Household Income Level:_____

SOURCES OF MONTHLY INCOME TO BE COUNTED AND DOCUMENTION REQUIRED

SOURCES OF MONTHLY INCOME	REQUIRED DOCUMENTS Attach copy of the following:
Wages, salaries, overtime pay, fees, tips, commissions, bonuses, & other compensation for personal services (before any payroll deductions)	Copy of most recent pay stubs
Child support payments	Copy of court order
Alimony	Copy of court order
Unemployment, worker's compensation, severance pay	Copy of pay stub/docs from payor
Welfare assistance	Letter of benefits from agency
Interest, dividends and other net income of any kind from real or personal property	Bank statements
Social Security	NEW benefit amount letter from Social Security
Annuities	Monthly payment statement
Retirement Funds	Monthly payment statement
Pensions	Monthly payment statement
Insurance Policies	Monthly payment statement
Disability or Death Benefits	Letter from Social Security or other payor agency
Net income from operating a business	Most recent state quarterly tax filing

MONTHLY INCOME NOT COUNTED-No Documentation Required

- ✓ **Food stamps**
- ✓ **Income from employment of children under 18 years of age**
- ✓ **Earnings in excess of $480 for each full-time students 18 years and older**
- ✓ **Payments for foster care**
- ✓ **Lump sum payments such as inheritances, insurance payments**
- ✓ **Payments as reimbursements for medical costs**
- ✓ **Full amount of student financial assistance paid directly to students or institutions**
- ✓ **Refunds or rebates under state or local law for property taxes**
- ✓ **Amounts paid by state agency to family with member who has a developmental disability and is living at home**