

2025 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		<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

Total Household Monthly Income: _____

Total Household Annual Income: _____

Race	# Non-Hispanic in HH	# 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		
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: _____