

City of Palm Springs
Department of Community & Economic Development
 PO Box 2743 · Palm Springs, CA 92263-2743
Community Development Block Grant Program

Eligibility Certification and Affidavit

_____, being duly sworn, depose and say that I/We are year-round
 owner-occupants of _____, _____, _____
 (APPLICANT) (ADDRESS & ZIP CODE) (TELEPHONE) (EMAIL ADDRESS)

List all permanent residents living in your household* at your current address:

- Household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members.

Name (LAST, FIRST, MIDDLE INITIAL)	Social Security #(- -)	CA Driver's License #	Birth Date (00/00/0000)	Age	Handicapped (YES OR NO)	Relationship
1.						Self
2.						
3.						
4.						
5.						
6.						

Dwelling Information. (Check ✓ where applicable.) If more than one cooler or air conditioner, specify how many.

Type: Single Family Townhouse Condominium Mobile Home Manufactured

Check As Applicable: Yes No Don't Know

Evaporative Cooler(s)
 Central Air Conditioner
 Window Air Conditioner(s)
 CARE Utility Discount
 PS Utility User Tax Exemption

Year Built: _____ Name of Mobile Home Park (if applicable) _____

Show income received from the following sources by all persons listed above. Do not show persons less than 14 years of age on items A. and B.

Source of Income	Annual Gross Income (Current Year)	Person Receiving Income (As #'d Above)
A. Yes No <input type="checkbox"/> <input type="checkbox"/> Wages or salary from employment. Enter employers name below. (1) _____ (2) _____	\$ _____ \$ _____	_____ _____
B. Yes No <input type="checkbox"/> <input type="checkbox"/> Earnings from self-employment <input type="checkbox"/> <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> <input type="checkbox"/> Social Security <input type="checkbox"/> <input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____

(OVER)

C. Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Benefits	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Workman's Compensation	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Child support payments	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Alimony payments	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pensions or Annuities	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Property rental income	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Railroad Retirement	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Aid to Families w/Dependent Children(AFDC)	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Dividends/Interest	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other types of income:	\$ _____	_____
			\$ _____	_____
			\$ _____	_____

Total Gross Income \$ _____

Total Household Members _____

Statement and Signature(s)

I/We hereby apply for participation in the City's CDBG (Community Development Block Grant) Program. In consideration of your voluntary participation in this Program, I/we and/or my/our heirs hereby release and hold harmless the City of Palm Springs, its agents, employees, and officers from all claims or suits caused by or arising out of agreements or contracts under this Program.

I/We agree that I/we will comply with all programmatic conditions including compliance with all applicable Federal, State, County and/or City requirements pursuant to the Title I of the Housing and Community Development Act of 1974, as amended (Public Law 93-383).

The City is hereby authorized to obtain the documents necessary by the regulations for participation in the Program, including but not limited to mortgage information, title information, credit reports, income verification, etc. I/We understand that any misrepresentation of material facts by us may result in a declaration of non-eligibility or a termination of our continued participation in this program and a consequent denial of any and all benefits resulting therefrom. I/We declare that the above information and certify that any support information furnished are true and complete to the best of my/our knowledge.

I/We have read the aforementioned statement and release, and understand all of the items. I/ We execute it voluntarily, on the date listed below, with full knowledge of its significance. I/We certify under penalty of perjury that the facts and statements presented in this Eligibility Certification and Affidavit, as well as the attached documents are true and accurate. Perjury is punishable by imprisonment in the state for two, three or four years. (CA Penal Code Section 118 & 126).

APPLICANT	DATE		APPLICANT	DATE
		Equal Housing Opportunity		

The information below is confidential and utilized under the Federally-funded CDBG program for governmental reporting purposes to monitor compliance.

Which race/ethnicity do you identify yourself as, please note that this self-identification is voluntary in accordance with equal opportunity laws?

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native AND White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American AND White |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> American Indian/Alaska Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other: _____ |

HISPANIC/LATINO ETHNICITY Yes No If yes, check one:

<input type="checkbox"/> Mexican/Chicano	<input type="checkbox"/> YES
<input type="checkbox"/> Puerto Rican	
<input type="checkbox"/> Cuban	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> NO

Please check, yes or no, if you are a female Head of Household?

The City of Palm Springs does not discriminate based on any reason that is not related to a bona-fide qualification in admission or access to, or treatment or employment in, its Federally-assisted programs and activities.

Office Use: Received By _____ Percentage _____ Flood Plain _____ Census Tract _____ Race _____

Comments: _____