

EXHIBIT A-1  
CITY OF RIVERSIDE  
2017-2018 CDBG PROGRAM  
BENEFICIARY QUALIFICATION STATEMENT & INTAKE FORM

PROJECT NAME: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

DATE OF INTAKE: \_\_\_\_\_ RECEIVED BY (STAFF NAME): \_\_\_\_\_

This statement must be completed for each individual or head of household receiving benefits from the CDBG funded project/activity for the FIRST-TIME ONLY during this award year.

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS.

NOTE: For the following questions, "Head of Household" is defined as (at least) one member of a related or unrelated group of persons occupying the same household. Renters, roomers or borders cannot be included as household members.

1. Are you receiving this benefit as an individual or as a head of household?  
 Individual     Head of Household
2. If your answer to the above is "b", how many persons are in your household? \_\_\_\_\_
3. Are you a female head of household?     Yes         No
4. In the chart below, please circle the category which best represents your gross annual household income (include the combined gross annual income of ALL persons in your household from ALL sources of income.)

2016 HOUSEHOLD INCOME LIMITS

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
<b>Extremely Low Income (30%)</b>	\$13,550	\$16,240	\$20,420	\$24,600	\$28,780	\$32,960	\$37,140	\$41,320
<b>Very Low Income</b>	\$22,600	\$25,800	\$29,050	\$32,250	\$34,850	\$37,450	\$40,000	\$42,600
<b>Low Income (80%)</b>	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150

5. In the chart below, please **count each member of your household** in the appropriate Race/Ethnicity categories:

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RACE/ETHNICITY	
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian / Other Pacific Islander	
American Indian / Alaskan Native and White	
Asian and White	
Black / African American and White	
American Indian / Alaskan Native and Black / African American	
Other Race/Ethnicity (Specify)	

6. Do you identify yourself as Hispanic/Latino (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture)? \_\_\_Yes \_\_\_No

7. Are you a **new** beneficiary of this program? \_\_\_Yes \_\_\_No

8. Are you a resident of the City of Riverside? \_\_\_Yes \_\_\_No

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ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY THAT THE STATEMENTS MADE ON THIS FORM ARE TRUE.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_