

Agency: _____
Program: _____

CLIENT CHARACTERISTIC FORM - CDBG 47
Public Services - Limited Clientele Activities

Staff Reviewed Initial _____
Issue Date: 10/1/21

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: _____ City: _____ Zip: _____

1. Individual Age: Please check **one** from the below based on your (the participant) age.

<input type="radio"/> Under 5 years	<input type="radio"/> 10-15 years	<input type="radio"/> 21-24 years	<input type="radio"/> 45-54 years	<input type="radio"/> 62 years and older
<input type="radio"/> 5-9 years	<input type="radio"/> 16-20 years	<input type="radio"/> 25-44 years	<input type="radio"/> 55-61 years	

2. Gender: Please check **one** from the below based on your (the participant) gender

Male Female Other: _____

3. Please check **one** from the below for your (the participant) ethnicity. Ethnicity and Race are different, please answer #5 as well:

Hispanic Non-Hispanic

4. Please check **one** from the below based on your (the participant) race

<input type="radio"/> White	<input type="radio"/> Asian and Black or African American
<input type="radio"/> Black or African American	<input type="radio"/> American Indian or Alaskan Native and White
<input type="radio"/> Asian	<input type="radio"/> American Indian or Alaskan Native and Black or African American
<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> Native Hawaiian or other Pacific Islander and White
<input type="radio"/> Native Hawaiian or other Pacific Islander	<input type="radio"/> Native Hawaiian or other Pacific Islander and Black or African American
<input type="radio"/> Black or African American and White	<input type="radio"/> Other Multi Racial
<input type="radio"/> Asian and White	

5. Who do you (the participant) live with?

No one/Self Both Parents Mother Only Father Only Roommate Other: _____

6. Are you (the participant) severely disabled?

Yes No

7. Household Income: Please check **one** from the below based on your income and the number of members living in your household. **You may skip this section if you are over the age of 62, or severely disabled.**

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
30% median (XL)	<input type="radio"/> \$16,600 or less	<input type="radio"/> \$18,950 or less	<input type="radio"/> \$21,300 or less	<input type="radio"/> \$23,650 or less
50% median (VL)	<input type="radio"/> \$27,650 or less	<input type="radio"/> \$31,600 or less	<input type="radio"/> \$35,550 or less	<input type="radio"/> \$39,450 or less
80% median (LI)	<input type="radio"/> \$44,200 or less	<input type="radio"/> \$50,500 or less	<input type="radio"/> \$56,800 or less	<input type="radio"/> \$63,100 or less
81-100% median	<input type="radio"/> \$44,201 or more	<input type="radio"/> \$50,501 or more	<input type="radio"/> \$56,801 or more	<input type="radio"/> \$63,101 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="radio"/> \$25,550 or less	<input type="radio"/> \$27,450 or less	<input type="radio"/> \$29,350 or less	<input type="radio"/> \$31,250 or less
50% median (VL)	<input type="radio"/> \$42,650 or less	<input type="radio"/> \$45,800 or less	<input type="radio"/> \$48,950 or less	<input type="radio"/> \$52,100 or less
80% median (LI)	<input type="radio"/> \$68,150 or less	<input type="radio"/> \$73,200 or less	<input type="radio"/> \$78,250 or less	<input type="radio"/> \$83,300 or less
81-100% median	<input type="radio"/> \$68,151 or more	<input type="radio"/> \$73,201 or more	<input type="radio"/> \$78,251 or more	<input type="radio"/> \$83,301 or more

Certification (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: _____

Participant Name (if applicable): _____

Signature: _____

Date: _____