

CUSTOMER APPLICATION • SPECIALLY TARGETED PROGRAMS

CUSTOMER'S LAST NAME / SUFFIX		FIRST NAME / MIDDLE NAME		LAST 4 DIGITS OF SOCIAL	
ADDRESS		APT. #	CITY		ZIP CODE
PHONE # () ()	ALT PHONE # () ()	BIRTHDATE / /		GENDER M F	ETHNICITY (CHOOSE ONE) <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NOT HISPANIC / LATINO
EDUCATION LEVEL (CUSTOMERS 24 YRS+ ONLY) (CHOOSE ONE X) <input type="checkbox"/> 0 THROUGH 8 _____ <input type="checkbox"/> 9-12 NON-GRADUATE HIGH SCHOOL _____ <input type="checkbox"/> 2 OR 4 YEAR COLLEGE DEGREE			CUSTOMER'S FAMILY TYPE (X) <input type="checkbox"/> SINGLE PERSON <input type="checkbox"/> SINGLE PARENT / FEMALE <input type="checkbox"/> SINGLE PARENT / MALE		<input type="checkbox"/> HIGH SCHOOL GRAD / GED <input type="checkbox"/> 12+ POST SOME SECONDARY <input type="checkbox"/> TWO ADULTS / NO CHILDREN <input type="checkbox"/> TWO PARENT FAMILY
PRIOR CONVICTION(S) (OPTIONAL) <input type="checkbox"/> NONE <input type="checkbox"/> YES - MISDEMEANOR <input type="checkbox"/> YES - FELONY		HOUSING (CHOOSE ONE X) <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> HOMELESS <input type="checkbox"/> OTHER		DOES CUSTOMER HAVE HEALTH INSURANCE COVERAGE? (X) <input type="checkbox"/> YES <input type="checkbox"/> NO	
RACE (CHOOSE ONE X) <input type="checkbox"/> American Indian / Alaska Native AND White <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White			OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY) Day Laborer Veteran Disabled SSI Recipient General Relief (GR) Recipient TANF Recipient Female - Headed Household Section 8 / Long-Term Housing Assit Impacted by Foreclosure Unemployed / Looking for Work Married Teen Parent / Single Teen Parent		
FAMILY SIZE	ANNUAL FAMILY INCOME \$	REFERRED BY :	FOR CITY USE ONLY : ISIS#		

No SSN required

Does not apply to YOUTH

OPTIONAL

Circle ALL that apply to YOUTH

2016 INCOME GUIDELINES

NOTE: "Income" is the total annual income of all family members as of the date that federal-funded assistance is provided. All income for all persons in the family must be included in calculating family income, whether or not a family member receives assistance. Information provided is subject to verification by the agency providing services, the State or Federal grantor and/or the City of Los Angeles. Using the Family Size and Income indicated below, circle the appropriate box:

Family Size	Extremely Low-Income	Very Low-Income "Low"	Low-Income "Mod"	Above 80% of Median Income
1 Person	\$0 - \$17,150	\$17,501 - \$28,550	\$28,551 - \$45,650	\$45,651 +
2 Person	\$0 - \$19,600	\$19,601 - \$32,600	\$32,601 - \$52,200	\$52,201 +
3 Person	\$0 - \$22,050	\$22,051 - \$36,700	\$36,701 - \$58,700	\$58,701 +
4 Person	\$0 - \$24,450	\$24,451 - \$40,750	\$40,751 - \$65,200	\$65,201 +
5 Person	\$0 - \$26,450	\$26,451 - \$44,050	\$44,051 - \$70,450	\$70,451 +
6 Person	\$0 - \$28,400	\$28,401 - \$47,300	\$47,301 - \$75,650	\$75,651 +
7 Person	\$0 - \$30,350	\$30,351 - \$50,550	\$50,551 - \$80,850	\$80,851 +
8 Person	\$0 - \$32,300	\$32,301 - \$53,800	\$53,801 - \$86,100	\$86,101 +

Circle appropriate box based on family size and income

CUSTOMER SELF-CERTIFIED	<input type="checkbox"/> INCOME	DATE: _____
	<input type="checkbox"/> RESIDENCY	
	<input type="checkbox"/> BOTH	
	<input type="checkbox"/> N/A	

APPLICANT'S STATEMENT: I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Los Angeles. I further acknowledge that eligibility for services funded through the CDBG programs is based upon having a qualifying annual family income level, and that the income levels and/or status I have indicated in this form may be subject to further verification by the agency providing services, the City of Los Angeles, the State of California and/or HUD. I acknowledge that providing false information shall be grounds for termination from the program. I therefore authorize such verification, and will provide supporting documents if requested.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN'S SIGNATURE IF UNDER 18: _____ DATE: _____

AGENCY STAFF SIGNATURE: _____

No parent/guardian signature required