Effective April 18, 2022

HOME START
Eligibility Verification Form

This questionnaire is to be completed by applicants for programs funded with Community Development Block Grant (CDBG) monies. The City of Santee receives funds from the U.S. Department of Housing and Urban Development (HUD). These monies must be spent to benefit low- and moderate-income Santee residents.

NAME:

ADDRESS:

PHONE:

You must also complete the information regarding your income status. Please check the column that meets your family size/income criteria. Circle numbers that apply.

Please check Household Size & Annual Income (Mark with an “X” your family’s gross income):

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Extremely Low-Income (30% of MFI)</th>
<th>Very Low-Income (50% of MFI)</th>
<th>Low-Income (80% of MFI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
<td>Monthly</td>
<td>Annual</td>
</tr>
<tr>
<td>1</td>
<td>$0 to 27,350</td>
<td>$0 to 2,279</td>
<td>$27,351 to 45,550</td>
</tr>
<tr>
<td>2</td>
<td>$0 to 31,250</td>
<td>$0 to 2,604</td>
<td>$31,251 to 52,050</td>
</tr>
<tr>
<td>3</td>
<td>$0 to 35,150</td>
<td>$0 to 2,929</td>
<td>$35,151 to 58,550</td>
</tr>
<tr>
<td>4</td>
<td>$0 to 39,050</td>
<td>$0 to 3,254</td>
<td>$39,051 to 65,050</td>
</tr>
<tr>
<td>5</td>
<td>$0 to 42,200</td>
<td>$0 to 3,516</td>
<td>$42,201 to 70,300</td>
</tr>
<tr>
<td>6</td>
<td>$0 to 45,300</td>
<td>$0 to 3,775</td>
<td>$45,301 to 75,500</td>
</tr>
<tr>
<td>7</td>
<td>$0 to 48,450</td>
<td>$0 to 4,037</td>
<td>$48,451 to 80,700</td>
</tr>
<tr>
<td>8</td>
<td>$0 to 51,550</td>
<td>$0 to 4,295</td>
<td>$51,550 to 85,900</td>
</tr>
</tbody>
</table>

The City of Santee requests the following information to monitor the City’s compliance with Federal Equal Opportunity laws. Hispanic is no longer considered a race, but an ethnicity. A member of any race may be considered to be Hispanic. If you do not wish to furnish the information, please check the box indicated.

Please check Race/National Origin as listed below

[ ] White
[ ] Black/African American
[ ] Asian
[ ] American Indian/Alaskan Native
[ ] Native Hawaiian/other Pacific Islander
[ ] American Indian/Alaskan Native & White
[ ] Asian & White
[ ] Black/African American & White
[ ] Amer. Ind./Alaskan Nat. & Black/African Amer.
[ ] Other Multi-Racial
[ ] Asian/Pacific Islander
[ ] Hispanic & White
[ ] Hispanic & Black/African American
[ ] Hispanic & Asian
[ ] Hispanic & American Indian/Alaskan Native
[ ] Hispanic & Native Haw./other Pacific Islander
[ ] Hispanic & Amer. Indian/Alas. Native & White
[ ] Hispanic & Asian & White
[ ] Hispanic & Black/African American & White
[ ] Hispanic & Amer. Ind./Alas. Nat. & Blk./Afri. Amer
[ ] Hispanic & Other Multi-Racial
[ ] Hispanic & Asian/Pacific Islander
[ ] Decline to State

Number: Adults______ Children______ Ages________________

Female Head of Household (Y/N) ________ Disabled (Y/N) ____ Veteran (Y/N) ________

________________________________________________________________________
Signature Date

________________________________________________________________________
Signature Date