

Effective April 2018
Santee Santas Foundation
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. Do not try to relate household size to income level.

Please check Household Size & Annual Income (Mark with an "X" your family's gross income):

Household	Extremely Low-Income (30% of MFI)		Very Low-Income (50% of MFI)		Low-Income (80% of MFI)	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	\$0 to 20,450	\$0 to 1,704	\$20,451 to 34,100	\$1,705 to \$2,842	\$34,101 to 54,500	\$2,843 to \$4,542
2	\$0 to 23,400	\$0 to 1,950	\$23,401 to 38,950	\$1,951 to \$3,246	\$38,951 to 62,300	\$3,247 to \$5,192
3	\$0 to 26,300	\$0 to 2,192	\$26,301 to 43,800	\$2,193 to \$3,650	\$43,801 to 70,100	\$3,651 to \$5,842
4	\$0 to 29,200	\$0 to 2,433	\$29,201 to 48,650	\$2,434 to \$4,054	\$48,651 to 77,850	\$4,055 to \$6,488
5	\$0 to 31,550	\$0 to 2,629	\$31,551 to 52,550	\$2,630 to \$4,379	\$52,551 to 84,100	\$4,380 to \$7,008
6	\$0 to 33,900	\$0 to 2,825	\$33,901 to 56,450	\$2,826 to \$4,704	\$56,451 to 90,350	\$4,705 to \$7,529
7	\$0 to 36,250	\$0 to 3,021	\$36,251 to 60,350	\$3,022 to \$5,029	\$60,351 to 96,550	\$5,030 to \$8,046
8	\$0 to 38,550	\$0 to 3,213	\$38,551 to 64,250	\$3,214 to \$5,354	\$64,251 to 102,800	\$5,355 to \$8,567
9	\$0 to 40,900	\$0 to 3,407	\$40,901 to 68,150	\$3,408 to \$5,676	\$68,151 to 109,000	\$5,677 to \$9,083
10	\$0 to 43,250	\$0 to \$3,601	\$43,251 to 72,000	\$3,601 to 6,000	109,001 to 115,250	\$6,001 to \$9,602

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

- | | |
|---|--|
| <input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian/other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Amer. Ind./Alaskan Nat. & Black/African Amer.
<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic & White
<input type="checkbox"/> Hispanic & Black/African American
<input type="checkbox"/> Hispanic & Asian
<input type="checkbox"/> Hispanic & American Indian/Alaskan Native
<input type="checkbox"/> Hispanic & Native Haw./other Pacific Islander
<input type="checkbox"/> Hispanic & Amer. Indian/Alas. Native & White
<input type="checkbox"/> Hispanic & Asian & White
<input type="checkbox"/> Hispanic & Black/African American & White
<input type="checkbox"/> Hispanic & Amer. Ind.or Alas. Nat. & Blk./Afri. Amer
<input type="checkbox"/> Hispanic & Other Multi-Racial
<input type="checkbox"/> Hispanic & Asian/Pacific Islander
<input type="checkbox"/> Decline to State |
|---|--|

Number of: Adults: _____ Children: _____

Ages: _____

Female Head of Household (Y/N) _____

Disabled (Y/N) _____

Military (Y/N) _____

Signature

Date

Signature

Date