

**REALITY CHANGERS**

**Fiscal Year 2024 Public Services CDBG Grantee**

Personal information requested below is confidential and will remain internal. We collect information directly from you with your permission as required by those funding our programs. As such, this information is required as it allows us to provide services free of charge and better understand the needs of our clients.

Part I: Required Confidential Student / Youth HUD Demographic Data

|  |   |   |   |                              |   |
|--|---|---|---|------------------------------|---|
| STUDENT/YOUTH NAME:                              |   | YOUTH BIRTH MONTH & YEAR:   |   | CLIENT UNIQUE IDENTIFIER #:  |   |
| LEGAL GUARDIAN NAME:                             |   |   |   | RELATIONSHIP:                |   |
| CLIENT PHYSICAL ADDRESS:                         |   | CITY:   |   | STATE:                       | ZIP:  |
| TELEPHONE:                                       | ( ) —   | EMAIL:  |   |                              |   |
| YOUTH ETHNIC BACKGROUND (REQUIRED TO CHECK ONE): | <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO   | GENDER IDENTITY (OPTIONAL):   | <input type="checkbox"/> FEMALE<br><input type="checkbox"/> MALE<br><input type="checkbox"/> NON-BINARY | IS CLIENT HEAD OF HOUSEHOLD? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| YOUTH RACIAL BACKGROUND (REQUIRED TO CHECK ONE): | <input type="checkbox"/> WHITE<br><input type="checkbox"/> BLACK/AFRICAN AMERICAN<br><input type="checkbox"/> ASIAN<br><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE<br><input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER | <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE & WHITE<br><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN<br><input type="checkbox"/> ASIAN & WHITE<br><input type="checkbox"/> BLACK/AFRICAN AMERICAN & WHITE<br><input type="checkbox"/> OTHER MULTI-RACIAL |   |                              |   |

Part II: Required Confidential Student / Youth Income Certification. Must be completed and signed prior to services.

**1) Number of Family Members & Gross Income:**

Total family size consists of \_\_\_\_\_ members, and the total gross annual income\* for all adult members is \$\_\_\_\_\_.

\*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aides, per 24 CFR 5.403).

I certify that the information given on this form is complete and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for federal funds, which may include immediate repayment of all federal funds received and/or prosecution under the law. I understand that the information on this form is subject to review by City staff and federal personnel as part of compliance monitoring only.

Youth/Student Signature: \_\_\_\_\_

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

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**[Insert Subrecipient Name]**

Fiscal Year 2024 Public Services CDBG Grantee

Youth / Student First and Last Name (Printed): \_\_\_\_\_

**Legal Guardian to Verify Income and Location Below:**

**Family Income and Household Size is (check one):**

| HOUSEHOLD SIZE | EXTREMELY LOW INCOME LIMITS (0-30% OF MEDIAN) | VERY LOW INCOME LIMITS (31-50% OF MEDIAN)    | LOW/MODERATE INCOME LIMITS (51-80% OF MEDIAN) | NON-LOW/MODERATE INCOME LIMITS (ABOVE 80% OF MEDIAN) |
|----------------|---|--|---|--|
| 1              | \$0 - \$28,950 <input type="checkbox"/>       | \$28,951 - \$48,250 <input type="checkbox"/> | \$48,251 - \$77,200 <input type="checkbox"/>  | ABOVE \$77,200 <input type="checkbox"/>              |
| 2              | \$0 - \$33,100 <input type="checkbox"/>       | \$33,101 - \$55,150 <input type="checkbox"/> | \$55,151 - \$88,200 <input type="checkbox"/>  | ABOVE \$88,200 <input type="checkbox"/>              |
| 3              | \$0 - \$37,250 <input type="checkbox"/>       | \$37,251 - \$62,050 <input type="checkbox"/> | \$62,051 - \$99,250 <input type="checkbox"/>  | ABOVE \$99,250 <input type="checkbox"/>              |
| 4              | \$0 - \$41,350 <input type="checkbox"/>       | \$41,351 - \$68,900 <input type="checkbox"/> | \$68,901 - \$110,250 <input type="checkbox"/> | ABOVE \$110,250 <input type="checkbox"/>             |
| 5              | \$0 - \$44,700 <input type="checkbox"/>       | \$44,701 - \$74,450 <input type="checkbox"/> | \$74,451 - \$119,100 <input type="checkbox"/> | ABOVE \$119,100 <input type="checkbox"/>             |
| 6              | \$0 - \$48,000 <input type="checkbox"/>       | \$48,001 - \$79,950 <input type="checkbox"/> | \$79,951 - \$127,900 <input type="checkbox"/> | ABOVE \$127,900 <input type="checkbox"/>             |
| 7              | \$0 - \$51,300 <input type="checkbox"/>       | \$51,301 - \$85,450 <input type="checkbox"/> | \$85,451 - \$136,750 <input type="checkbox"/> | ABOVE \$136,750 <input type="checkbox"/>             |
| 8              | \$0 - \$54,600 <input type="checkbox"/>       | \$54,601 - \$90,950 <input type="checkbox"/> | \$90,951 - \$145,550 <input type="checkbox"/> | ABOVE \$145,550 <input type="checkbox"/>             |

*Source: U.S. Department of Housing and Urban Development, June 15, 2023.*

By signing below, I hereby certify that my family size and income as selected above is correct, that my physical home address is within City of San Diego limits, and that the student or youth to be served by the program resides in the City of San Diego as well.

Legal Guardian First and Last Name Printed: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_

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

**Subrecipient Certification:** *I certify that the Client / Beneficiary demographic data provided is true and correct, to the best of my knowledge. I certify that comparison of the stated family size and gross income of the Client / Beneficiary with the current CPD annual income limits for the City of San Diego resulted in the income level indicated above. I certify that the residency of the Client/Beneficiary is true and correct per the requirements of 24 CFR 570.309.*

**Note:** This completed certification must be maintained in the Confidential Program file for review at time of monitoring.

Program Staff First and Last Name (printed): \_\_\_\_\_ Job Title: \_\_\_\_\_

Program Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Eligibility is valid until (one year after certification signed): \_\_\_\_\_ (list date)