

[Insert Subrecipient Name]

Fiscal Year 2026 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):	☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINO		GENDER IDENTITY (OPTIONAL):	☐ FEMALE ☐ MALE ☐ NON-BINARY		IS CLIENT HEAD OF HOUSEHOLD?	☐ YES ☐ No	
YOUTH RACIAL BACKGROUND (REQUIRED TO CHECK ONE):	☐ WHITE ☐ BLACK/AFRICAN AMERICAN ☐ ASIAN ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		☐ AMERICAN INDIAN/ALASKAN NATIVE & WHITE ☐ AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN ☐ ASIAN & WHITE ☐ BLACK/AFRICAN AMERICAN & WHITE ☐ 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]

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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 - \$34,750 ☐	\$34,751 - \$57,900 ☐	\$57,901 - \$92,700 ☐	ABOVE \$92,700 ☐
2	\$0 - \$39,700 ☐	\$39,701 - \$66,150 ☐	\$66,151 - \$105,950 ☐	ABOVE \$105,950 ☐
3	\$0 - \$44,650 ☐	\$44,651 - \$74,450 ☐	\$74,451 - \$119,200 ☐	ABOVE \$119,200 ☐
4	\$0 - \$49,600 ☐	\$49,601 - \$82,700 ☐	\$82,701 - \$132,400 ☐	ABOVE \$132,400 ☐
5	\$0 - \$53,600 ☐	\$53,601 - \$89,350 ☐	\$89,351 - \$143,000 ☐	ABOVE \$143,000 ☐
6	\$0 - \$57,550 ☐	\$57,551 - \$95,950 ☐	\$95,951 - \$153,600 ☐	ABOVE \$153,600 ☐
7	\$0 - \$61,550 ☐	\$61,551 - \$102,550 ☐	\$102,551 - \$164,200 ☐	ABOVE \$164,200 ☐
8	\$0 - \$65,500 ☐	\$65,501 - \$109,200 ☐	\$109,201 - \$174,800 ☐	ABOVE \$174,800 ☐

Source: U.S. Department of Housing and Urban Development, June 1, 2025.

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)