

4. **PRESUMED LOW-MOD:** Please check all applicable boxes next to any situation that applies to you or person seeking services. If none of these apply – skip to #5.

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|---|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Battered spouses |
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Migrant farm workers |
| <input type="checkbox"/> Elderly persons (62 and older) | <input type="checkbox"/> Illiterate persons |
| <input type="checkbox"/> Disabled persons: used a wheelchair or another special aid for 6 months or longer; or are prevented from working at a job or doing housework; or have a select condition (autism, cerebral palsy, Alzheimer’s disease, senility or dementia); or an intellectual or developmental disability; or are unable to perform one or more functional activities or need assistance with an activity of daily living (ADL); or are <u>under</u> 65 years of age and are covered by Medicare or receive SSI (Supplemental Security Income). | |

Functional activities include: seeing, hearing, having one’s speech understood, lifting and carrying, walking up a flight of stairs, and walking.

ADL’s include: getting around inside the home, getting in and out of bed or a chair, bathing, dressing, eating, and toileting; and going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

5. **LOW-MOD INCOME VERIFICATION NEEDED:** Unless you qualify as a presumed benefit clientele in 4 above, **you must provide income verification to the agency providing assistance to you every 12 months.**

- If you have kids, do they qualify for free or reduced meals? _____ If yes, name of school: _____; OR
- If you qualify for TANF or SNAP benefits, please provide that documentation to the agency, OR
- If you receive SSI, please provide that documentation, OR
- Provide most recent federal tax return if your household income has not changed since filing, OR
- Provide a copy of the most recent paystubs or retirement income for all household members 18 and older, or if you are unemployed, please provide a copy of the most recent unemployment payment; AND
- If you receive social security and/or veteran benefits or alimony, please provide a copy of the most recent payments for each household member.

6. **OTHER INFORMATION.** Please check all fields that apply to you or someone in your household.

	You	Household Member
Female-headed household:	_____	_____
Head of household is 62 and older:	_____	_____

7. **CLIENT CERTIFICATION.** BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES AND REPAYMENT OF FEDERAL FUNDS RECEIVED. I UNDERSTAND THAT THE INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION BY HUD OR THE CITY AS PART OF COMPLIANCE MONITORING.

SIGNATURE: _____ **DATE:** _____