

**CITY OF LOS ANGELES  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
SELF-CERTIFICATION FORM**

Information on annual family income is required to determine client eligibility for certain services funded by the City of Los Angeles through the Community Development Block Grant (CDBG) program. Each applicant applying for assistance must review the 2024 CDBG Income Guidelines noted below and then circle their Family Size and the corresponding Family Income Range in that row.

NOTE: "Income" is the total annual income of all family members as of the date that federal-funded assistance is provided. Additional expected sources of income and the amount expected during the period of federal assistance must be included in this calculation of annual family income. All income for all persons in the family **must** be included in calculating family income, whether or not the family member receives assistance. Types of income to be included are: wages, tips, self-employment income, interest/dividends, SSI or other public assistance, social security or other income received on a regular basis such as VA payments, retirement benefits, unemployment compensation, etc.

**2024 CDBG Income Guidelines – (Circle the appropriate boxes.)**

Family Size	Extremely Low-Income	Very Low-Income "Low"	Low-Income "Mod"	Above 80% of Median Income
1 Person	\$0 - \$29,150	\$29,151 - \$48,550	\$48,551 - \$77,700	\$77,701 +
2 Person	\$0 - \$33,300	\$33,301 - \$55,450	\$55,451 - \$88,800	\$88,801 +
3 Person	\$0 - \$37,450	\$37,451 - \$62,400	\$62,401 - \$99,900	\$90,901 +
4 Person	\$0 - \$41,600	\$41,601 - \$69,350	\$69,351 - \$110,950	\$110,951 +
5 Person	\$0 - \$44,950	\$44,951 - \$74,900	\$74,901 - \$119,850	\$119,851 +
6 Person	\$0 - \$48,300	\$48,301 - \$80,450	\$80,451 - \$128,750	\$128,751 +
7 Person	\$0 - \$51,600	\$51,601 - \$86,000	\$86,001 - \$137,600	\$137,601 +
8 Person	\$0 - \$54,950	\$54,951 - \$91,550	\$91,551 - \$146,500	\$146,501 +

**Presumed Low and Moderate-Income Persons**

In some cases, a funded program may generally presume that an individual meets the federal income requirements because the funded activity(ies) exclusively serve a group of persons in any one or a combination of the following 8 categories. If using this method to certify eligibility, a client must check the box next to the category(ies) of which they are a member:

"Severely disabled" Adult	<input type="checkbox"/>	Persons Living with AIDS	<input type="checkbox"/>
Elderly Persons (62 and older)	<input type="checkbox"/>	Illiterate Adults	<input type="checkbox"/>
Battered Spouse	<input type="checkbox"/>	Migrant Farm Workers	<input type="checkbox"/>
Homeless Persons	<input type="checkbox"/>	Abused Children	<input type="checkbox"/>

**Race (check one of the following 10 categories)**

American Indian or Alaska Native	<input type="checkbox"/>	American Indian or Alaskan Native <b>AND</b> White	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Asian <b>AND</b> White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Black/African American <b>AND</b> White	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	American Indian/Alaskan Native <b>AND</b> Black/African-American	<input type="checkbox"/>
White	<input type="checkbox"/>	Balance / Other	<input type="checkbox"/>

**Ethnicity (check one)**

Hispanic / Latino	<input type="checkbox"/>
Not Hispanic / Latino	<input type="checkbox"/>

**I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Los Angeles.**

I further acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level or belonging to a group that is presumed to be low or moderate-income, and that the income levels and/or status I have indicated in this self-certification may be subject to further verification by the agency providing services, the City of Los Angeles and/or the U.S. Department of Housing and Urban Development (HUD).

I therefore authorize such verification and will provide supporting documents if requested. I acknowledge providing false information shall be grounds for termination from the program/services.

**Applicant's Name** (Please Print): \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Signature of a parent or guardian person to receive services is a minor)

**Applicant's Address** \_\_\_\_\_

Agency Staff Name (Please Print): \_\_\_\_\_ Date \_\_\_\_\_

Agency Staff Signature \_\_\_\_\_