



City of Evansville, IN – CDBG-CV Participant Profile Form

1. **Participant Name:** _____ 3. **Address:** _____

2. **Date of Birth:** _____ 4. **Phone Number:** _____

5. **Race (Pick One):**

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi - Racial |

6. **Hispanic Ethnicity** Yes No

7. **Female Headed Household** Yes No

8. **Military Veteran Household** Yes No

9. **Disability** Yes No

10. **Have you recently lost your job due to the COVID-19 Pandemic?** Yes No

a. **Last date of work** _____

11. **Are you currently receiving Unemployment benefits?** Yes No

12. **Do you anticipate returning to work soon?** Yes No

a. **Estimated date of return to work?** _____

13. **Are you currently unable to meet your family expenses?** Yes No

a. **List current monthly expenses**

i. **Rent/mortgage** _____

ii. **Utilities** _____

iii. **Insurance** _____

iv. **Other** _____

14. **Are you receiving any other assistance to meet this need?** Yes No

a. **Type of assistance / Example: rent, utility, mortgage etc.** _____

b. **List other sources of assistance for above needs** _____

c. **List months assistance has been provided** _____

SEE TABLE 1 TO CALCULATE ELIGIBLE EXPENSE IF APPLICABLE

15. Income Guidelines:

- a. Step 1—Circle the number of persons in your family.
- b. Step 2—Circle your family income range (under the number you already circled in Step 1.)

NOTE: Income should include all household members regardless of relation

| Number of Persons in Your Household | | | | | | | | |
|-------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 2020 AMI Effective 4/08/20 | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
| 0-30% | \$0-15,250 | \$0-17,400 | \$0-21,720 | \$0-26,200 | \$0-30,680 | \$0-35,160 | \$0-39,640 | \$0-44,120 |
| 31-50% | \$15,251-25,400 | \$17,401-29,000 | \$21,721-32,650 | \$26,201-36,250 | \$30,681-39,150 | \$35,161-42,050 | \$39,641-44,950 | \$44,121-47,850 |
| 51-80% | \$25,401-40,600 | \$29,001-46,400 | \$33,651-52,200 | \$36,251-58,000 | \$39,151-62,650 | \$42,051-67,300 | \$44,951-71,950 | \$47,851-76,600 |
| Over 81% | \$40,601+ | \$46,401+ | \$52,201+ | \$58,001+ | \$62,651+ | \$67,301+ | \$71,951+ | \$76,601+ |

DEFINITION OF A FAMILY: A family is defined as all persons living in the same household who are related by blood, marriage, or adoption, including couples living together, adult children who continue to live at home with their parent(s) and a dependent child who is living outside of the home (e.g., students living in a dormitory). An individual living in a housing unit that contains no other person(s) related to him/her is considered to be a one person family for this purpose.

FAMILY INCOME: Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all household members 18 years of age and older.

NOTE: The stimulus payments of \$1,200 that were sent by the IRS under the CARES Act **do not** count as income. The extra \$600 of unemployment benefit **does not** count as income, but the regular unemployment benefit **must be included as income.**

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the City of Evansville and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. 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.

Participant Signature: _____ **Date:** _____

Disclaimer: This document has been created as a guide to determine gaps in need and identify any duplication of benefits.

TABLE 1 CALCULATIONS TO DETERMINE DUPLICATION OF BENEFITS AND ELIGIBLE EXPENSES

1. Identify applicants total need prior to assistance _____

2. Identify all potential Duplicative Assistance

a. FEMA Housing Grant (assumes interim housing is eligible use) _____

 i. Interim Housing (*e.g. rent*) _____

 ii. Permanent Housing (e.g. repair/rehabilitation) _____

b. SBA Loan _____

c. Insurance (Structure, not contents) _____

3. Deduct assistance determined to be duplicative

a. FEMA Housing Grant (assumes interim housing is eligible use) _____

 i. Permanent Housing (e.g. repair/rehabilitation) _____

b. SBA Loan _____

c. Insurance (Structure, not contents) _____

4. Maximum Eligible expense (Item 1 *less* Item 3) _____