

**City of Palm Springs**  
**Department of Community & Economic Development**  
**PO Box 2743 · Palm Springs, CA 92263-2743**  
**Community Development Block Grant Program**  
**Eligibility Certification and Affidavit**

\_\_\_\_\_, being duly sworn, depose and say that I/We are year-round  
 (APPLICANT)  
 owner-occupants of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (ADDRESS & ZIP CODE) (TELEPHONE) (EMAIL ADDRESS)

List all permanent residents living in your household\* at your current address:

- Household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members.

Name (LAST, FIRST, MIDDLE INITIAL)	Social Security #(____ - ____ - ____)	CA Driver's License #	Birth Date (00/00/0000)	Age	Handicapped (YES OR NO)	Relationship
1.						Self
2.						
3.						
4.						
5.						
6.						

**Dwelling Information. (Check ✓ where applicable.) If more than one cooler or air conditioner, specify how many.**

Type: \_\_\_\_\_ Check As Applicable: Yes No Don't Know

<input type="checkbox"/> Single Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaporative Cooler(s)
<input type="checkbox"/> Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Air Conditioner
<input type="checkbox"/> Condominium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Air Conditioner(s)
<input type="checkbox"/> Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CARE Utility Discount
<input type="checkbox"/> Manufactured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PS Utility User Tax Exemption

Year Built: \_\_\_\_\_ Name of Mobile Home Park (if applicable) \_\_\_\_\_

**Show income received from the following sources by all persons listed above. Do not show persons less than 14 years of age on items A. and B.**

Source of Income	Annual Gross Income (Current Year)	Person Receiving Income (As #'d Above)
A. Yes No		
<input type="checkbox"/> <input type="checkbox"/> Wages or salary from employment. Enter employers name below.		
(1) _____	\$ _____	_____
(2) _____	\$ _____	_____
B. Yes No		
<input type="checkbox"/> <input type="checkbox"/> Earnings from self-employment	\$ _____	_____
<input type="checkbox"/> <input type="checkbox"/> Unemployment Compensation	\$ _____	_____
<input type="checkbox"/> <input type="checkbox"/> Social Security	\$ _____	_____
<input type="checkbox"/> <input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____	_____

(OVER)

C. Yes No

- Veteran's Benefits \$ \_\_\_\_\_
- Workman's Compensation \$ \_\_\_\_\_
- Child support payments \$ \_\_\_\_\_
- Alimony payments \$ \_\_\_\_\_
- Pensions or Annuities \$ \_\_\_\_\_
- Property rental income \$ \_\_\_\_\_
- Railroad Retirement \$ \_\_\_\_\_
- Aid to Families w/DependentChildren(AFDC) \$ \_\_\_\_\_
- Dividends/Interest \$ \_\_\_\_\_
- Other types of income: \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

Total Gross Income \$ \_\_\_\_\_

Total Household Members \_\_\_\_\_

**Statement and Signature(s)**

I/We hereby apply for participation in the City's CDBG (Community Development Block Grant) Program. In consideration of your voluntary participation in this Program, I/we and/or my/our heirs hereby release and hold harmless the City of Palm Springs, its agents, employees, and officers from all claims or suits caused by or arising out of agreements or contracts under this Program.

I/We agree that I/we will comply with all programmatic conditions including compliance with all applicable Federal, State, County and/or City requirements pursuant to the Title I of the Housing and Community Development Act of 1974, as amended (Public Law 93-383).

The City is hereby authorized to obtain the documents necessary by the regulations for participation in the Program, including but not limited to mortgage information, title information, credit reports, income verification, etc. I/We understand that any misrepresentation of material facts by us may result in a declaration of non-eligibility or a termination of our continued participation in this program and a consequent denial of any and all benefits resulting therefrom. I/We declare that the above information and certify that any support information furnished are true and complete to the best of my/our knowledge.

I/We have read the aforementioned statement and release, and understand all of the items. I/ We execute it voluntarily, on the date listed below, with full knowledge of its significance. I/We certify under penalty of perjury that the facts and statements presented in this Eligibility Certification and Affidavit, as well as the attached documents are true and accurate. Perjury is punishable by imprisonment in the state for two, three or four years. (CA Penal Code Section 118 & 126).

				
APPLICANT	DATE	Equal Housing Opportunity	APPLICANT	DATE

**The information below is confidential and utilized under the Federally-funded CDBG program for governmental reporting purposes to monitor compliance.**

Which race/ethnicity do you identify yourself as; please note that this self-identification is voluntary in accordance with equal opportunity laws?

- White
- Black/African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native AND White
- Asian AND White
- Black/African American AND White
- American Indian/Alaska Native AND Black/African American
- Other: \_\_\_\_\_

HISPANIC/LATINO ETHNICITY  Yes  No

If yes, check one:  Mexican/Chicano  
 Puerto Rican  
 Cuban  
 Other: \_\_\_\_\_

Please check, **yes or no**, if you are a female Head of Household?  YES  NO

The City of Palm Springs does not discriminate based on any reason that is not related to a bona-fide qualification in admission or access to, or treatment or employment in, its Federally-assisted programs and activities.

Office Use: Received By \_\_\_\_\_ Percentage \_\_\_\_\_ Flood Plain \_\_\_\_\_ Census Tract \_\_\_\_\_ Race \_\_\_\_\_

Comments: \_\_\_\_\_