

Presumed Eligibility Self Certification Form

First Name _____ Last Name _____

Address _____

Female Head of Household (not applicable to 1 person households) ☐ Yes ☐ No

Disabled ☐ Yes ☐ No

Ethnicity (select one)	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
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Race (select one)	<input type="checkbox"/> White	<input type="checkbox"/> American Indian / Alaskan Native AND White
	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Asian AND White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American AND White
	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> American Indian / Alaskan Native AND
	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	Black / African American
	<input type="checkbox"/> Other multi-racial (list):	

If the participant is eligible for presumed CDBG assistance per 24 CFR 570.208(a)(2)(A), select all that apply:

- ☐ Abused Children
- ☐ Elderly Person (62+)
- ☐ Battered Spouse / Domestic Violence Victim
- ☐ Homeless Person
- ☐ Severely Disabled Adult (18+) per U.S. Census Definition
- ☐ Illiterate Adults
- ☐ People with AIDS
- ☐ Migrant Farm Workers

By signing below, I declare under penalty of law that the information given by me in this application is true, correct and complete to the best of my knowledge. I realize that willful falsification by me may subject me to penalties as provided in federal and Washington State Law RCW 74.08.055. I understand that if I have willfully misrepresented any information, I will be disqualified from participation in the Program.

Client Signature

Date

Agency Signature

Date