



CARES ACT: CDBG-CV CLIENT REPORTING FORM

NEW CASTLE COUNTY BENEFICIARY INFORMATION

INCOME, RACE, AND ETHNICITY

For CDBG Programs Requiring Information on Income by Family Size

Applicants should provide proof of income in accordance with New Castle County's two acceptable forms of income first (Part 5 Annual Income or IRS Form 1040). Head of Household must complete this entire form.

NUMBER OF FAMILY/HOUSEHOLD MEMBERS _____ * ANNUAL FAMILY/HOUSEHOLD INCOME _____

**For each member over the age of 18 attach income documentation or a notarized letter certifying zero income.*

Name:	Over 18	Race:	Ethnicity:	Name:	Over 18	Race:	Ethnicity:

RACE AND ETHNICITY:

This information contained herein is CONFIDENTIAL and will be used only for the purpose as stated below. This information is requested by the Government SOLELY for the purpose of monitoring compliance with Federal anti-discrimination statutes. It is a HUD requirement we collect this information for statistical reporting purposes.

Please use the codes below to record Race & Ethnicity Data in box above for ENTIRE HOUSEHOLD...

Household Race:

- 11 – White
- 12 – Black or African American
- 13 – Asian
- 14 – American Indian or Alaska Native
- 15 – Native Hawaiian or Other Pacific Islander
- 16 – American Indian or Alaska Native & White
- 17 – Asian & White
- 18 – Black or African American & White
- 19 – American Indian or Alaska Native & Black or African American
- 20 – Other Multi Racial
- 21- Hispanic Ethnicity
- 22- Non-Hispanic Ethnicity

Address:

Agency: Remember to perform parcel search of address <http://www3.nccde.org/parcel/search/> & attach results

Female Head of Household: Yes No

Handicapped Status: Yes No

(Handicapped households are those headed by a person who is handicapped. Also included are handicapped persons who are members of non-handicapped households. "Handicapped person" means any person who (I) has a physical or mental impairment which substantially limits one or more major life activities, (II) has a record of such impairment, or (III) is regarded as having such an impairment.)

Under penalty of perjury, I certify that the information presented in this certification is true to the best of my knowledge. I further understand that providing false information on this page constitutes an act of fraud. False, misleading or incomplete information may result in termination of assistance.

Signature of Applicant

Printed Name of Applicant

Date

For Agency Office Use Only (Please remember to complete this section):

_____ 0% - <30% of median _____ 31% - <50% of median _____ 51% - <80% of median _____ Over 80% of median

Date of Income Guidelines Used _____