

**2021-2022 City of Camarillo  
Community Development Block Grant Program Eligibility Certification Form –  
Limited Clientele-Family Income**



**Pleasant Valley Recreation & Park District Food Distribution Program Demographic Form**

The Pleasant Valley Recreation & Park District appreciates your participation in the Food Distribution Program, funded in part by a grant from the City of Camarillo and the Department of Housing and Urban Development. All information collected is for reporting purposes only.

This part of the form must be completed by the applicant and signed on the next page in order to receive services through a City of Camarillo Community Development Block Grant program.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Are you Homeless?** Yes  No  **Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I. Family Size** Family includes all those related by blood or law residing in same housing unit.

**Demographic Information** Please specify each family member's information using the list below:

- White
- Black/African American
- Asian
- Native American/Alaska Native
- Native Hawaiian/Other Pacific
- Native American/Alaska Native & White
- Asian & White
- Black/African American & White
- Native American/Alaska Native & Black/African American
- Other Multiracial

**Please fill out one line below for each family member in household.**

Last Name, First Name	Age	Gender Identity	Race	Hispanic/ Latino?
1 (You)		M F O		Y N
2		M F O		Y N
3		M F O		Y N
4		M F O		Y N
5		M F O		Y N
6		M F O		Y N
7		M F O		Y N
8		M F O		Y N
9		M F O		Y N
10		M F O		Y N



**II. Family Income**

Family income includes pre-tax wages (gross) and income received by all family members residing together in the same housing unit. Count the income anticipated for the year immediately following the date of this document. For example:

- Wages from Work
- Net Income from Self Employment
- Disability or Unemployment
- SSI, SSDI, or other Social Security Benefits
- Pensions, Annuity Payments, or Retirement Income
- Interest or Dividends Earned on Cash Investments
- Alimony or Child Support
- Cash Public Assistance

**Total Projected Annual Family Income:** \$ \_\_\_\_\_

**III. Applicant Certification**

Must be signed by an adult family member who has adequate personal knowledge of the facts of the family composition and income to reasonably self-certify.

I, \_\_\_\_\_ acknowledge that qualification for assistance under the Community Development Block Grant (CDBG) Program is based upon the information provided on this form. I certify that the information provided is true and correct. I understand that my statements in this document may be subject to further verification by the City of Camarillo or the Department of Housing and Urban Development. I agree to provide the supporting documents if requested. I further understand that providing false or misleading information may result in being determined ineligible for current CDBG services, and/or being denied CDBG services in the future.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please specify your COVID Related Loss of Income Below:**

- Laid Off     Reduced Work Hours     Reduced Wages or Salaries     Unable to Work Remotely