

COUNTY OF SAN BERNARDINO COMMUNITY DEVELOPMENT AND HOUSING

Project/ Activity Title: Highland : Food-Grocery Delivery Program PROJECT/CASE NUMBER: HIGH-19CV-1-05W/0200

Name/Address of Contract Agency: City of Highland Date of Issue: X Original: Beginning  
 27215 Base Line Highland CA 92346 Amendment No.: \_\_\_\_\_

**BENEFICIARY QUALIFICATION STATEMENT**

This form has the purpose of providing information needed to qualify the use of federal Community Development Block Grant COVID-19 (CDBG-CV) CARES Act funds for the project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. **Only one statement per person, per fiscal year is required (fiscal year begins July 1 and ends June 30).**

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a 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.

How many persons are in your household? \_\_\_\_\_

2. This question asks if you are from a low- and moderate-income household. For this question, a list of the EXTREMELY LOW-INCOME, VERY LOW-INCOME and LOW-INCOME categories\* are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income. **In the blanks provided, write (yes) or (no) if your combined gross annual income is equal to or less than the, EXTREMELY LOW-INCOME, VERY LOW-INCOME, or LOW-INCOME amount for the number of persons in your household.**

YES/NO  
 EXTREMELY LOW-INCOME \_\_\_\_\_  
 VERY LOW-INCOME \_\_\_\_\_  
 LOW-INCOME \_\_\_\_\_

|                                 | Number of Persons in Your Household |        |        |        |        |        |        |        |
|---------------------------------|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|
|                                 | 1                                   | 2      | 3      | 4      | 5      | 6      | 7      | 8      |
| VERY LOW-INCOME LIMIT (\$)      | 26,400                              | 30,150 | 33,900 | 37,650 | 40,700 | 43,700 | 46,700 | 49,700 |
| EXTREMELY LOW-INCOME LIMIT (\$) | 15,850                              | 18,100 | 21,720 | 26,200 | 30,680 | 35,160 | 39,640 | 44,120 |
| LOW-INCOME LIMIT (\$)           | 42,200                              | 48,200 | 54,250 | 60,250 | 65,100 | 69,900 | 74,750 | 79,550 |

\* Taken from FY 2020 Income Limits Summary:  
<https://www.huduser.gov/portal/datasets/il/il2020/2020summary.odn>

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| <b>Name/Address of Contract Agency:</b><br>City of Highland<br>27215 Base Line Highland CA 92346 | <b>Date of Issue:</b><br><input checked="" type="checkbox"/> Original: Beginning 6/1/2020<br><input type="checkbox"/> Amendment No.: |

3. Please indicate how you identify yourself by checking only one of the following choices:

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

4. Please check whether you belong to a Female Headed Household:  YES  NO

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5. Please describe the hardship/ circumstance related to the COVID-19 pandemic. Example: Loss of wages or increased medical expenses due to COVID-19.  
(Description)

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**ACKNOWLEDGMENT AND DISCLAIMER**

**I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.**

NAME : \_\_\_\_\_ DATE : \_\_\_\_\_

ADDRESS : \_\_\_\_\_ CITY : \_\_\_\_\_ ZIP : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ PHONE : \_\_\_\_\_

The information you provide on this form is for Community Development Block Grant (CDBG-CV) program purposes only and will be kept confidential.

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**DECLARACIÓN DE LA CALIFICACIÓN DEL BENEFICIARIO**

Esta forma tiene el propósito de proporcionar la información necesaria para calificar el uso de los fondos federales del bloque del desarrollo de la comunidad COVID-19 (CDBG-CV) Alivio y Seguridad Económica del Coronavirus (CARES) fondos para el proyecto/actividad descrito arriba. Esta declaración se debe llenar y firmar por la persona (o la tutela legal de la persona) que solicita para recibir beneficios del proyecto/actividad descrito. Solamente una declaración por persona, por año se requiere.

**Conteste por favor a cada una de las preguntas siguientes.**

1. Esta pregunta le ayuda a determinar el tamaño de su casa. En esta pregunta un hogar es un grupo de personas relacionadas o sin relación que ocupan la misma casa por lo menos con un miembro que es la cabeza de la casa. Los inquilinos no se pueden incluir como miembros de la casa.

¿Cuántas personas viven en su casa? \_\_\_\_\_

2. Esta pregunta explica si usted es de un hogar de ingresos bajos y moderados. Para esta pregunta, la lista de categorías de INGRESOS-ESTREMADO BAJOS, INGRESO-BAJOS \*se presenta abajo. Sume por favor para arriba los ingresos brutos anuales combinados de todas las personas en su hogar y de todas las fuentes de los ingresos. En el espacio en blanco, escriba (sí) o (no) si su ingreso anual grueso combinado es igual o menos que la cantidad de INGRESOS-ESTREMADO BAJOS, INGRESOS-MUY BAJOS, INGRESO-BAJOS para el número de personas en su casa.

|                          |       |
|--------------------------|-------|
|                          | Sí/No |
| INGRESOS-ESTREMADO BAJOS | _____ |
| INGRESOS-MUY BAJOS       | _____ |
| INGRESO-BAJOS            | _____ |

|                               | Numero de Personas en su Hogar |        |        |        |        |        |        |        |
|-------------------------------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|
|                               | 1                              | 2      | 3      | 4      | 5      | 6      | 7      | 8      |
| INGRESOS-ESTREMADO BAJOS (\$) | 26,400                         | 30,150 | 33,900 | 37,650 | 40,700 | 43,700 | 46,700 | 49,700 |
| INGRESOS-MUY BAJOS (\$)       | 15,850                         | 18,100 | 21,720 | 26,200 | 30,680 | 35,160 | 39,640 | 44,120 |
| INGRESO-BAJOS (\$)            | 42,200                         | 48,200 | 54,250 | 60,250 | 65,100 | 69,900 | 74,750 | 79,550 |

\* Tomado de FY 2020 Resumen Límites de Ingresos: <https://www.huduser.gov/portal/datasets/il/il2020/2020summary.odn>

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3. Indique por favor cómo se identifica usted, marcando solamente una de las opciones siguientes:

|   | Hispano                  | No-Hispano               |
|---|--------------------------|--------------------------|
| Blanco  | <input type="checkbox"/> | <input type="checkbox"/> |
| Negro/Afro Americano                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Indio Americano/Nativo de Alaska                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Asiático  | <input type="checkbox"/> | <input type="checkbox"/> |
| Nativo Hawaiiano/Otra Isla del Pacífico                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Indio Americano/Nativo de Alaska & Blanco               | <input type="checkbox"/> | <input type="checkbox"/> |
| Asiático & Blanco                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Negro/Afro Americano & Blanco                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Indio Americano/Nativo de Alaska & Negro/Afro Americano | <input type="checkbox"/> | <input type="checkbox"/> |
| Balance/Otro  | <input type="checkbox"/> | <input type="checkbox"/> |

4. Marque por favor si usted pertenece a un hogar encabezado femenino:  Sí  No

5. Por favor describe las dificultades / circunstancias relacionadas con la pandemia de COVID-19.  
ejemplo: Salarios reducidos o Gastos médicos relacionados con COVID-19.  
(Descripción)

**RECONOCIMIENTO Y NEGACIÓN**

**CERTIFICO BAJO PENA DE PERJURIO QUE LAS DECLARACIONES HECHAS EN ESTA FORMA, ACERCA DE LOS INGRESOS Y DE LAS CUENTAS DE LA CASA SON VERDADERAS.**

NOMBRE: \_\_\_\_\_ FECHA \_\_\_\_\_

DOMICILIO: \_\_\_\_\_ CIUDAD : \_\_\_\_\_ CODIGO : \_\_\_\_\_

FIRMA : \_\_\_\_\_ TELEFONO : \_\_\_\_\_

La información que usted proporciona en esta forma es para los propósitos del programa de fondos del desarrollo de la comunidad (CDBG-CV) solamente y será mantenida confidencial.