COMMUNITY DEVELOPMENT
Pasadena, Texas

INDIVIDUAL ELIGIBILITY FORM

For Community Development Block Grant Programs

IndividualIn accordance with 24 CFR 570.506, agencies must acquire information to determine client eligibility as well as for general reporting purposes. To participate in this program that is funded by Federal Funds, you must fill out this form completely and accurately.

CLIENT ELIGIBILITY INFORMATION

CDBG Program Name:

GENERAL

Name					
Address					
City		**State**		**Zip**	
Home Phone		**Age**		**Gender**	☐ Male ☐ Female
Is this client a minor?	☐ Yes ☐ No	**If yes, Name of Guardian**			

CLIENT INFO

Is client a Citizen or Permanent U.S. resident?	☐ Yes ☐ No	**TX Drivers / ID No.**			
Is the client a resident of the City of Pasadena?	☐ YES	☐ NO			
Disabled	☐ Yes ☐ No	**Elderly**	☐ Yes ☐ No		
Residency Proof Documentation Provided *(Example: driver's license / ID Card / Bill)*					
Primary language (optional):					
Ethnicity	☐ Hispanic	☐ Non-Hispanic	**Is Client a Veteran**	☐ Yes	☐ No
Race	☐ Black / African American	☐ White	☐ Asian	☐ American Indian/ Alaskan Native	☐ Other /Multi Racial
	☐ American Indian/Alaskan Native & White	☐ American Indian/Alaskan Native & Black	☐ Native Hawaiian/ Other Pacific Islander	☐ Asian & White	☐ Black/African American & White

INCOME

Total # of Household Members	_____	**Gross Annual Household Income**	$ _____		
Adults (Age 18 & older)	_____	**Children** (Age 17 & under)	_____	**Elderly** (Age 62 & older)	_____
Proof of Income Documentation Provided *(Example: SS Award Letter / W-2 form / Check Stubs)*					
Head of Household	☐ Male	☐ Female			

SIGN HERE

I certify that, to the best of my knowledge and belief, all the information on and attached is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this request may be grounds for being ineligible to receive the assistance requested and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated.

Print Name			
Signature		**Date**	

STAFF ONLY

For Subrecipient Staff Only

Is Client Approved/Eligible for Services?	☐ YES ☐ NO	National Objective Met:	☐ YES	☐ NO
National Objective 570.208 Benefit to Low & Moderate Income Persons	☐ LMI Area Benefit	☐ LMI Limited Clientele	☐ LMI Housing Benefit	☐ LMI Jobs Creation
	Client Income Level	☐ 0 – 30 %	☐ 31 – 50 %	☐ 51 – 80 %
LMILC - Presumed Benefit	☐ Abused children ☐ Battered Spouses ☐ Elderly ☐ Disabled ☐ Homeless ☐ Illiterate			
Name of Reviewer:	Signature:	Date:		

Revised 03/2026

COMMUNITY DEVELOPMENT
Pasadena, Texas

FORMULARIO DE ELEGIBILIDAD

For Community Development Block Grant Programs

IndividualDe acuerdo con 24 CFR 570.506, las agencias deben adquirir información para determiner la elegibilidad del cliente, así como para propósitos de informes generals. Para participar en este programa que está financiado por fondos federales, debe completer este formulario de manera complete y precisa.

INFORMACION DEL CLIENTE

Nombre del Programa:

GENERAL

Nombre					
Dirección					
Ciudad		**Estado**		**Código Postal**	
# de Casa		**Edad**		**Genero**	☐ Masculino ☐ Hembra
¿Es este cliente un menor?	☐ Sí ☐ No	**¿Nombre del tutor?**			

CLIENT INFO

¿Ciudadano o residente permanente de los Estados Unidos?	☐ Sí ☐ No	**Licencia de conducir de Texas o ID de Texas**			
¿Es el cliente residente de la Cuidad de Pasadena?		☐ Si	☐ No		
Discapacitado	☐ Sí ☐ No	**Mayor**	☐ Sí ☐ No		
Prueba de Residencia *(Example: driver's license / ID Card / Bill)*					
Idioma principal (opcional):					
Etnicidad	☐ Hispanic	☐ Non-Hispanic	**Veterano**	☐ Sí	☐ No
Raza	☐ Black / African American	☐ White	☐ Asian	☐ American Indian/ Alaskan Native	☐ Other /Multi Racial
	☐ American Indian/Alaskan Native & White	☐ American Indian/Alaskan Native & Black	☐ Native Hawaiian/ Other Pacific Islander	☐ Asian & White	☐ Black/African American & White

INCOME

# de miembros del hogar	_____	**Ingreso Bruto Total del Hogar**	$ _____		
Adultos (Age 18 & older)	_____	**Ninos** (Age 17 & under)	_____	**Mayor** (Age 62 & older)	_____
Comprobante de Documentación de Ingresos *(Example: SS Award Letter / W-2 form / Check Stubs)*					
Jefe de Hogar	☐ Masculino	☐ Hembra			

SIGN HERE

Yo certifico según mi conocimiento y entender que toda la información dada y adjunta es correcta, complete y proporcionada de Buena fe. Entiendo que el proveer información falsa o fraudulenta en o adjunto puede ser motive para determinarme inelegible para recibir asistencia solicitada y puedo ser penado con una multa y/o encarcelamiento. Entiendo que cualquier información dada puede ser investigada.

Nombre			
Firma		**Fecha**	

STAFF ONLY

For Subrecipient Staff Only

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LMILC - Presumed Benefit	☐ Abused children ☐ Battered Spouses ☐ Elderly ☐ Disabled ☐ Homeless ☐ Illiterate				
Name of Reviewer:	Signature:	Date:			