



**City of Evansville, IN – CDBG-CV Participant Profile Form**

1. **Participant Name:** \_\_\_\_\_  
\_\_\_\_\_

3. **Address:** \_\_\_\_\_  
\_\_\_\_\_

2. **Date of Birth:** \_\_\_\_\_  
\_\_\_\_\_

4. **Phone Number:** \_\_\_\_\_  
\_\_\_\_\_

5. **Race (Pick One):**

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander

- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black
- Other Multi - Racial

- 6. **Hispanic Ethnicity**             Yes             No
- 7. **Female Headed Household**     Yes             No
- 8. **Military Veteran Household**     Yes             No
- 9. **Disability**                             Yes             No

10. **Have you recently lost your job due to the COVID-19 Pandemic?**     Yes             No  
    a. **Last date of work** \_\_\_\_\_

11. **Are you currently receiving Unemployment benefits?**                             Yes             No

12. **Do you anticipate returning to work soon?**                                         Yes             No  
    a. **Estimated date of return to work?** \_\_\_\_\_

13. **Are you currently unable to meet your family expenses?**                             Yes             No  
    a. **List current monthly expenses**

- i. **Rent/mortgage** \_\_\_\_\_
- ii. **Utilities** \_\_\_\_\_
- iii. **Insurance** \_\_\_\_\_
- iv. **Other** \_\_\_\_\_

14. **Are you receiving any other assistance to meet this need?**                             Yes             No

- a. **Type of assistance / Example: rent, utility, mortgage etc.** \_\_\_\_\_
- b. **List other sources of assistance for above needs** \_\_\_\_\_
- c. **List months assistance has been provided** \_\_\_\_\_

**SEE TABLE 1 TO CALCULATE ELIGIBLE EXPENSE IF APPLICABLE**

**15. Income Guidelines:**

- a. Step 1—Circle the number of persons in your family.
- b. Step 2—Circle your family income range (under the number you already circled in Step 1.)

**NOTE:** Income should include all household members regardless of relation

Number of Persons in Your Family								
2020 AMI Effective 4/08/20	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<b>0-30%</b>	\$0-15,250	\$0-17,400	\$0-19,600	\$0-21,750	\$0-23,500	\$0-25,250	\$0-27,000	\$0-28,750
<b>51-80%</b>	\$15,250-40,600	\$17,400-46,400	\$19,600-52,200	\$21,750-58,000	\$23,500-62,650	\$25,250-67,300	\$27,000-71,950	\$28,750-76,600
<b>Over 81%</b>	\$40,601+	\$46,401+	\$52,201+	\$58,001+	\$62,651+	\$67,301+	\$71,951+	\$76,601+

**DEFINITION OF A FAMILY:** A family is defined as all persons living in the same household who are related by blood, marriage, or adoption, including couples living together, adult children who continue to live at home with their parent(s) and a dependent child who is living outside of the home (e.g., students living in a dormitory). An individual living in a housing unit that contains no other person(s) related to him/her is considered to be a one person family for this purpose.

**FAMILY INCOME:** Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all household members 18 years of age and older.

**NOTE:** The stimulus payments of \$1,200 that were sent by the IRS under the CARES Act **do not** count as income. The extra \$600 of unemployment benefit **does not** count as income, but the regular unemployment benefit **must be included as income.**

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the City of Evansville and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclaimer:** This document has been created as a guide to determine gaps in need and identify any duplication of

**benefits.**

**TABLE 1      CALCULATIONS TO DETERMINE DUPLICATION OF BENEFITS AND ELIGIBLE EXPENSES**

1. Identify applicants total need prior to assistance \_\_\_\_\_

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2. Identify all potential Duplicative Assistance
- a. FEMA Housing Grant (assumes interim housing is eligible use)
    - i. Interim Housing (*e.g. rent*) \_\_\_\_\_
    - ii. Permanent Housing (e.g. repair/rehabilitation) \_\_\_\_\_
  - b. SBA Loan \_\_\_\_\_
  - c. Insurance (Structure, not contents) \_\_\_\_\_
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3. Deduct assistance determined to be duplicative
- a. FEMA Housing Grant (assumes interim housing is eligible use)
    - i. Permanent Housing (e.g. repair/rehabilitation) \_\_\_\_\_
  - b. SBA Loan \_\_\_\_\_
  - c. Insurance (Structure, not contents) \_\_\_\_\_
- 

4. Maximum Eligible expense (Item 1 *less* Item 3) \_\_\_\_\_