City of Albany

Community Development Block Grant Program

2025 CLIENT CERTIFICATION FORM

The City of Albany granted Community Development Block Grant (CDBG) from the United States Department of Housing and Urban Development (HUD) to the agency providing services. HUD requires this information on each beneficiary served to ensure the program is meeting national objectives of the CDBG program to serve Albany's low and moderate- income residents.

1. RESIDENCY. Do you live within the city limits of Albany? ☑Yes ☐No

   If you are under the age of 18, the form should be completed by your parent(s) or legal guardian if possible.

2. RACE AND ETHNICITY. HUD requires this information for all program beneficiaries.

   Please check applicable box or boxes next to your race.

   - ☐ American Indian or Alaska Native (origins in N., S. and Central America)
   - ☐ Asian (origins in Far East, SE Asia, Indian subcontinent)
   - ☐ Black or African American (origins in Africa)
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ White (origins in Europe, Middle East, or Northern Africa)

   Are you Hispanic or Latino?
   - ☐ Yes
   - ☐ No

3. HOUSEHOLD INCOME. The assistance you receive is determined in part by the size of your household and your household income.

   - 1st, circle your household size (total #, including yourself, who live in the home).
   - 2nd, calculate your ANNUAL income. If your income has not changed since your most recent tax return, use the adjusted gross income reported on your most recent IRS tax return (1040 or EZ). **Provide tax return or other income verification to the agency you are seeking services from.**
   - 3rd, in the column matching your household size, circle the number that is both **higher than your annual adjusted gross income and closest to your annual income**.

   What Is Considered Income?
   Gross wages, regular overtime, social security payments, retirement, disability, alimony, child support, unemployment; but not food stamps or lump sum payments like insurance settlements.

   For example, if there are 2 people in your household, and combined household income is $34,000, circle $37,100.

Albany, OR MSA	Persons in Household							
June 1, 2025 HUD Income Limits	1	2	3	4	5	6	7	8
30% of median income	$19,500	$22,250	$25,050	$27,800	$30,050	$32,250	$34,500	$36,700
50% of median income	$32,450	$37,100	$41,750	$46,350	$50,050	$53,750	$57,500	$61,200
80% of median income	$51,950	$59,350	$66,750	$74,150	$80,100	$86,050	$91,950	$97,900
> than 80% of median income	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds

For more information about the CDBG program or questions about this form:
(541) 917-7550
cdbg@albanyoregon.gov
www.albanyoregon.gov/cdbg

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4. PRESUMED LOW-MOD: Please check all applicable boxes next to any situation that applies to you or person seeking services. If none of these apply – skip to #5.

- ☐ Homeless
- ☐ Abused children
- ☐ Elderly persons (62 and older)
- ☐ Battered spouses
- ☐ Migrant farm workers
- ☐ Illiterate persons

☐ Disabled persons: used a wheelchair or another special aid for 6 months or longer; or are prevented from working at a job or doing housework; or have a select condition (autism, cerebral palsy, Alzheimer's disease, senility or dementia); or an intellectual or developmental disability; or are unable to perform one or more functional activities or need assistance with an activity of daily living (ADL); or are under 65 years of age and are covered by Medicare or receive SSI (Supplemental Security Income).

Functional activities include: seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking.

ADL's include: getting around inside the home, getting in and out of bed or a chair, bathing, dressing, eating, and toileting; and going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

5. LOW-MOD INCOME VERIFICATION NEEDED: Unless you qualify as a presumed benefit clientele in 4 above, **you must provide income verification to the agency providing assistance to you every 12 months.**

- ☐ If you qualify for TANF or SNAP benefits, please provide that documentation to the agency, OR
- ☐ If you receive SSI, please provide that documentation, OR
- ☐ Provide most recent federal tax return if your household income has not changed since filing, OR
- ☐ Provide a copy of the most recent paystubs or retirement income for all household members 18 and older, or if you are unemployed, please provide a copy of the most recent unemployment payment; AND
- ☐ If you receive social security and/or veteran benefits or alimony, please provide a copy of the most recent payments for each household member.

6. OTHER INFORMATION. Please check all fields that apply to you or someone in your household.

	You	Household Member
Female-headed household:	☐	☐
Head of household is 62 and older:	☐	☐

7. CLIENT CERTIFICATION. BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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 AND REPAYMENT OF FEDERAL FUNDS RECEIVED. I UNDERSTAND THAT THE INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION BY HUD OR THE CITY AS PART OF COMPLIANCE MONITORING.

SIGNATURE: _____ **DATE:** _____