

CityLink Community Development Block Grant (CDBG)

Eligibility Application/Certification-Evening Service

Date Received _____

Client Information

Name: (Last, First) _____

Home Address: _____ Zip Code: _____

Date of Birth: _____ Phone: _____ Gender: _____ Ethnicity/Race: _____

Household Information

Household Size: _____ (#of adults _____ #of children 18 yrs. old or younger _____)

Can client be classified as someone's dependent? Yes / No

Does client have dependents (age 18 or younger) of their own in household? Yes (#) _____ / No

Is client head of household? Yes / No Single parent? Yes / No

Income Information

Gross annual household income: \$ _____ Source(s) of Income: _____

Referral Source: (Co-worker, Bus ad, agency....etc.) _____

Employment, Training, School-Service Needs

Employer: _____

Employer Address: _____ Zip Code: _____

Employer Phone: _____

School/Training Institution: _____

School/Training Institution Address: _____ Zip Code: _____

School/Training Institution Phone: _____

Daycare: _____

Daycare Address: _____ Zip Code: _____

CDBG Income Level Eligibility Table Has client income been verified? Yes / No How? _____

Income falls within the established limits for participation in the CDBG program as indicated below:

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% of Median	12,200	16,020	20,160	24,300	28,440	32,580	36,000	38,300
Very Low Income	20,300	23,200	26,100	29,000	31,350	33,650	36,000	38,300
Low Income	32,500	37,150	41,800	46,400	50,150	53,850	57,550	61,250

By signing below I affirm that I have received information concerning the rules, regulations, and procedures related to use of the CityLink Special Services and agree to follow the established guidelines to the best of my ability.

I confirm that the information that I have provided to CityLink on this form is true and correct. I understand that this information is being used to determine my eligibility for participation in the Community Development Block Grant (CDBG) transportation program and that any information that I provide, including household income information, is subject to verification.

Client Signature: _____ Date: _____

CityLink Staff Signature: _____ Date: _____

CityLink Special Services General Service Registration Form

Date Received _____

Please note all information provided by passengers in conjunction with CityLink's Special Services/Evening Service is personal and confidential and will be used only to assist CityLink in providing services for passengers. Any optional information provided by passengers will assist CityLink in evaluating the special service programs. Such information will be held in strictest confidence and will be shared only with agencies providing funding for the programs. Under no circumstances will names, addresses, or phone numbers be released to third parties.

Client Information

Name: (Last, First) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone: _____ Gender: _____

Mailing Address: (If different than address above)

Address: _____

City: _____ State: _____ Zip Code: _____

Additional Information

Referral Source: (Co-worker, Bus poster, other agency, etc.....)

Name of source: _____

Client Signature: _____ Date: _____

CityLink Staff Signature: _____ Date: _____