



VERIFICATION OF CUSTOMER ELIGIBILITY FOR CSBG SERVICES FORM
 United Planning Organization - Community Services Block Grant Program

Service Provider Name: _____
 Address: _____

Customer's Name: _____
 Social Security Number: _____ Date of Birth: _____
 Street Address: _____
 City: _____ Zip Code: _____
 Home Phone Number: _____ Work Phone Number: _____
 Total Number in Family Including Yourself: _____

SELECT ONE AND INDICATE AMOUNT OF GROSS INCOME:

Weekly Income: \$ _____ Bi-Weekly Income: \$ _____ Semi Monthly Income: \$ _____ Monthly Income: \$ _____

(A family may be a single individual. For families of more than one individual, the definition of "family" means all persons living in the same household who are: (1) supported by the income of the spouse, parent(s) or guardian(s), and (2) related to the spouse, parent(s) or guardian(s) by blood, marriage, or adoption.)

Annual Family Gross Income Verification Documents (check all that apply)		
Tax Return: _____	Social Security _____	Pension/Retirement: _____
TANF: _____	Supplemental Security Income: _____	W2 _____
Child Support: _____	Military Family Allotments: _____	1099: _____
Alimony: _____	Training Stipends: _____	No Income: _____
Explain Other: _____		

 INITIALS (A) I have provided supporting documents to certify that I am eligible to receive CSBG services.

 INITIALS (B) I have not provided supporting documents, but by initialing and signing this document, I certify that my income and my family gross income meets the criteria to qualify for CSBG services.

Certification of Zero Income	
I hereby certify that neither I nor my family receive(s) income from any of the following sources:	
(a) Wages from employment (including commisson, tips, bonuses, fees, etc.);	
(b) Social Security payments, annuities, insurance policies, retirement funds, pension or death benefits;	
(c) Allowances such as alimony, child support, or money received from persons not living in my family;	
(d) Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc);	
(e) Income from operation of a business;	(f) Rental income from real estate or property;
(g) Interest or dividends from assets;	(h) Unemployment or disability payments
(i) Public assistance payments; or	(j) Any other source not named above.

 INITIALS (C) I have not provided supporting documents because my income and my family income is zero.

Customer Information: You must initial on the appropriate line above to indicate that you have income and have provided documentation, have income and are unable to provide supporting documents to verify income eligibility but that your family income falls within the poverty guideline or that you have zero income. Additionally, you must sign the form. Note that the information provided on this form is solely for the purpose of determining whether you or your family are eligible for this program and will be kept confidential by UPO and/or its service providers.

Customer/Parent Signature: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE. FOR STAFF ONLY.

Name of Staff Person Verifying Eligibility: _____

Customer's Total Annual Gross Family Income: _____

Is the Customer's Income Below 200% of the Applicable Family Income Level? YES NO

Is the Customer a Resident of Washington, DC Presently? YES NO

NOTE: CUSTOMERS FOR WHOM STAFF CANNOT ANSWER YES ON BOTH QUESTIONS ARE INELIGIBLE TO RECEIVE CSBG FUNDED SERVICES PROVIDED BY UPO OR SUBGRANTEES OF UPO. : THE EXECUTED FORM IS VALID FOR ONE YEAR ONLY.