# LIMITED CLIENTELE ACTIVITIES (LMC)

**National Objective**

Limited clientele activities are those that will benefit specific populations (e.g., youth, seniors, job- seekers), at least 51% of whom must be low- and moderate-income persons1.

Examples might include, but are not limited to: construction of a senior center; social services for the homeless; improvements to child care facilities or funding child care services, meals on wheels for the elderly; construction of job training facilities for the handicapped.

The activity must meet one of the following qualifying criteria:

1. The activity must have income eligibility requirements that limit the activity exclusively to low- and moderate-income persons;
2. The activity must have income eligibility requirements and determine the annual family income for all beneficiaries (customers) and result in 51% or more of all the beneficiaries being low / moderate income persons;
3. The activity must *exclusively* serve / benefit a group of persons in any one or a combination of categories generally presumed by HUD to be principally low and moderate income: abused children, battered spouses, elderly persons, adults meeting the definition of “severely disabled”, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers;
4. The activities must be of such nature and in such location that it may be reasonably concluded that the activity’s clientele will primarily be low- and moderate-income persons2.

# Documentation for application / PEP:

1. A sample of intake form that will be used by the project showing the family size and annual family income, as well as the race and ethnicity information, for each person receiving the benefit. A self-certification form may be used, but at least 10% of the forms must have the family income documented.

# OR

1. Documentation showing that the activity is exclusively designed for and will benefit a segment of the population presumed by HUD to be low and moderate income.
2. A picture of the project before work is done **if** construction/rehab project.
3. Timeline of milestones detailed **if** construction/rehab project.

# EXAMPLE OF DOCUMENTATION ATTACHED

1. Low income persons are people whose annual family income falls below 80% of the area median family income based on family size. Family means all persons related by birth, marriage or adoption living in the same household. “Family” is different than “household”. Two different families may live in the same household. A single person can be a “family”. HUD updates annual family income limits every year. Service providers must also update their income limits as appropriate.
2. Use of this option is rare and may require prior review / approval by HUD.

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**CITY OF LOS ANGELES**

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**

**SELF-CERTIFICATION FORM**

Information on annual family income is required to determine client eligibility for certain services funded by the City of Los Angeles through the Community Development Block Grant (CDBG) program. Each applicant for assistance must find the row with the number of persons in their family and circle the family income range in that row.

NOTE: “Income” is the total annual income of all family members as of the date that federal-funded assistance is provided. Additional expected sources of income and the amount expected during the period of federal assistance must be included in this calculation of annual family income. All income for all persons in the family **must** be included in calculating family income whether or not the family member receives assistance. Types of income to be included are wages, tips, self-employment income, interest/dividends, SSI or other public assistance, social security or other income received on a regular basis such as VA payments, retirement benefits, unemployment compensation, etc.

**2021 CDBG Income Guidelines– Circle the appropriate box:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Size** |  | **Extremely Low-Income** |  | **Very Low-Income “Low”** |  | **Low-Income “Mod”** |  | **Above 80% of Median Income** |
| 1 Person | $0 - 24,850 | $24,851 - $41,400 | $41,401 - 66,250 | $66,251 + |
| 2 Person | $0 - $28,400 | $28,401 - $47,300 | $47,301 - $75,700 | $75,101 + |
| 3 Person | $0 - $31,950 | $31,951 - $53,200 | $53,201 - $85,150 | $85,151 + |
| 4 Person | $0 - $35,450 | $35,451 - $59,100 | $59,101 - $94,600 | $94,601 + |
| 5 Person | $0 - $38,300 | $38,301 - $63,850 | $63,851 - $102,200 | $102,201 + |
| 6 Person | $0 - $41,150 | $41,151 - $68,600 | $68,601 - $109,750 | $109,751 + |
| 7 Person | $0 - $44,000 | $44,001 - $73,300 | $73,301 - $117,350 | $117,351 + |
| 8 Person | $0 - $46,800 | $46,801 - $78,050 | $78,051 - $124,900 | $124,901 + |

**Presumed Low- and Moderate-Income Persons**

In some cases, a funded program may generally presume that an individual meets the federal income requirements because the funded activity(ies) exclusively serve a group of persons in any one or a combination of the following 8 categories. If using this method to certify eligibility, a client must check the box next to the category(ies) of which they are a member:

|  |  |
| --- | --- |
| “Severely disabled” Adult |[ ]  Persons Living with AIDS |[ ]
| Elderly Persons (62 and older) |[ ]  Illiterate Adults |[ ]
| Battered Spouse |[ ]  Migrant Farm Workers |[ ]
| Homeless Persons |[ ]  Abused Children |[ ]

**Race (check one of the following 10 categories): Ethnicity (check one):**

|  |  |
| --- | --- |
| American Indian or Alaska Native |[ ]  American Indian or Alaskan Native**AND** White |[ ]
| Asian |[ ]  Asian **AND** White |[ ]
| Black or African American |[ ]  Black/African American **AND** White |[ ]
| Native Hawaiian or Other Pacific Islander |[ ]  American Indian/Alaskan Native **AND**Black/African-American |[ ]
| White |[ ]  Balance / Other |[ ]

|  |
| --- |
| Hispanic /Latino |[ ]
| Not Hispanic/Latino |[ ]

**Coronavirus-19 Impact**

|  |
| --- |
| Laid off due to coronavirus (COVID-19) pandemic |[ ]
| Experienced a reduction in hours and/or pay due to COVID-19 |[ ]
| Unable to work due to the following COVID-19 related reasons: |  |
|  Subject to quarantine |[ ]
|  Caregiver for someone who is subject to quarantine |[ ]
|  Need to care for children because of school closure or closure of other child care provider |[ ]
|  At higher risk of getting seriously ill from COVID-19, or lives with someone at higher risk |[ ]
|  Required to telework, but do not have the necessary equipment |[ ]
| Other impact (explain): |[ ]

 **Eligibility Assessment (method of assessing whether the participant meets eligibility requirements**)

Determine Eligibility Status for Childcare Support – Participant must meet the following requirements.

1. Eligible Parent with dependent-aged children: Yes or No.
2. Low to Moderate Income (please see table above) OR Presumed Low-Income Population (see chart above): Yes or No. Please explain:
3. Enrolled in qualified training program OR Returning to the workforce: Yes or No. Please explain:
4. Affected by Coronavirus-19 pandemic (complete chart above).

**Eligibility Assessment (method of assessing whether the participant meets eligibility requirements**)

Determine Eligibility Status for Employment Training – Participant must meet the following requirements.

1. Eligible parent with dependent-aged children: Yes or No.
2. Low to Moderate Income (please see table above) OR Presumed Low-Income Population (see chart above): Yes or No. Please explain:
3. Returning to the workforce: Yes or No. Please explain:
4. Employment opportunities impacted by COVID-19 pandemic: Yes or No. Please explain:
5. Affected by Coronavirus-19 pandemic (complete chart above).

**Need Assessment (method of assessing whether the use of these funds will duplicate financial assistance that is already received**)

Determine/Calculate Duplication Of Benefits - The following steps will be taken by the Subrecipient.

1. Assess Need: Determine the amount of need (total cost).

Childcare cost: Potential Total Need:

1. Determine Assistance: Determine the amount of assistance that has or will be provided from all sources to pay for the cost.

Is another person or entity providing childcare support?

Is Yes, how much?

1. Calculate Unmet Need: Determine the amount of assistance already provided compared to the need to determine the maximum CDBG-CV award (unmet need)

Total Need: - Other Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

= Actual Unmet Need (Maximum Award):

1. Document analysis: Document calculation and maintain adequate documentation justifying determination of maximum award. (Note: In DOB calculations, private loans are not considered or is likely to be received)
	1. Please note, calculations do not need to be done on the above steps, calculations can be done on a separate piece of paper but please include that paper in the participant’s profile. The steps above are an example on how to assess the needs of the participant as required by HUD

**I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Los Angeles.** I further acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level or belonging to a group that is presumed to be low- or moderate- income, and that the income levels and/or status I have indicated in this self-certification may be subject to further verification by the agency providing services, the City of Los Angeles and/or the U.S. Department of Housing and Urban Development (HUD).

I therefore authorize such verification and will provide supporting documents if requested. I acknowledge providing false information shall be grounds for termination from the program / services.

**Applicant’s Name** (Please Print):

**Applicant’s Signature Date**

(Signature of a parent or guardian person to receive services is a minor)

**Applicant’s Address**

Agency Staff Name (Please Print): Date

Agency Staff Signature