

CDBG PARTICIPANT RESIDENCY VERIFICATION

FORM July 1, 2023– June 30, 2024

SECTION 1: INSTRUCTIONS

THIS PROGRAM IS FUNDED IN WHOLE OR IN PART WITH COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM FUNDS THROUGH THE CITY OF HARTFORD. PARTICIPANTS AND/OR THEIR PARENTS/LEGAL GUARDIANS MUST VERIFY HARTFORD RESIDENCY AND SELF-CERTIFY HOUSEHOLD INCOME IN ORDER TO BE ELIGIBLE TO PARTICIPATE IN FUNDED PROGRAMS. THE REQUESTED INFORMATION AND DOCUMENTATION IS REQUIRED TO COMPLY WITH CDBG FEDERAL REGULATIONS ONLY AND IS NOT SHARED WITH ANY OTHER PARTY, OR AVAILABLE TO ANY OTHER AGENCY FOR ANY OTHER PURPOSE.

- PARTICIPANT MUST PROVIDE DOCUMENTATION OF CURRENT HARTFORD ADDRESS.
- PARTICIPANT MUST INDICATE ALL SOURCE(S) OF INCOME AND GROSS YEARLY INCOME FOR EACH FAMILY MEMBER RECEIVING INCOME.
- PARTICIPANT AND THE AGENCY'S PROGRAM MANAGER MUST SIGN AND DATE CERTIFICATION.
- THE CITY OF HARTFORD WILL NOT REIMBURSE AGENCY WITHOUT DELIVERY OF COMPLETED AND SIGNED FORM.

SECTION 2: AGENCY INFORMATION

AGENCY	PROGRAM

SECTION 3: PARTICIPANT INFORMATION

PARTICIPANT NAME	STREET ADDRESS	CITY/STATE/ZIP

HEAD OF HOUSEHOLD (NAME)	NUMBER OF PERSONS CURRENTLY LIVING IN HOUSEHOLD
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

Household Members (include participant)	RACE*	Hispanic?	Employed?	Gross Yearly Income (\$)	Indicate Source of Income
A.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
E.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
F.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
G.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
H.		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

***PLEASE REPORT RACE USING THE FOLLOWING CATEGORIES ONLY:**

BLACK/AFRICAN AMERICAN, WHITE, ASIAN, ASIAN (WHITE), OTHER/MULTI-RACIAL, AMERICAN INDIAN/ALASKAN NATIVE, AMERICAN INDIAN/ALASKAN NATIVE (WHITE), AMERICAN INDIAN/ALASKAN NATIVE (BLACK), NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

CHECK AND ATTACH DOCUMENTS TO VERIFY HARTFORD RESIDENCY. DO NOT INCLUDE SOCIAL SECURITY NUMBERS.

(CHECK ONE)



CT Driver's License or ID Card

Personal Check with Pre-Printed Address

Rent Receipt

Utility Bill

Governmental Assistance Form

Other: _____

SECTION 4: VERIFICATION

I certify that the above information and documentation attached is accurate and complete:

PROGRAM PARTICIPANT OR PARENT/LEGAL GUARDIAN SIGNATURE	DATE

I certify that the above information is complete and verified with attached documents and maintained in the program files:

AGENCY'S PROGRAM MANAGER (OR OTHER AUTHORIZED PERSONNEL) SIGNATURE	DATE