



**CITY OF LOS ANGELES, DEPARTMENT OF RECREATION AND PARKS
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG-CV)
SELF-CERTIFICATION FORM**



The Department of Recreation and Parks has received Federal funding to support the After School Club Program in 2023. As a result, the department is required to report the following demographic information. We are requesting that you provide this information so the City of Los Angeles may fulfill its obligation. No personal information will be shared and the information collected will be used for reporting purposes only.

Student/Child's Name (Please Print): _____

Student/Child's Name (Please Print): _____

Student/Child's Name (Please Print): _____

Student/Child's Name (Please Print): _____

Students/Children above is/are recipient(s) of LAUSD's School Lunch Program? YES NO

Instructions: Make the appropriate selections for the following:

RACE – Select one of the following 10 categories

1. <input type="checkbox"/> American Indian or Alaska Native	6. <input type="checkbox"/> American Indian or Alaskan Native AND White
2. <input type="checkbox"/> Asian	7. <input type="checkbox"/> Asian AND White
3. <input type="checkbox"/> Black or African-American	8. <input type="checkbox"/> Black/African-American AND White
4. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	9. <input type="checkbox"/> American Indian/Alaskan Native AND Black/African-American
5. <input type="checkbox"/> White	10. <input type="checkbox"/> Balance / Other

ETHNICITY – Select one

<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino

2023 CDBG FAMILY SIZE AND FAMILY INCOME LEVELS – Select Family Size, then select the Income Level that is in the same row.

Family Size		Extremely Low-Income	Very Low-Income "Low"	Low-Income "Mod"	Above 80% Median Income
<input type="checkbox"/> 2 Person	→	<input type="checkbox"/> \$0 - \$30,300	<input type="checkbox"/> \$30,301 - \$50,450	<input type="checkbox"/> \$50,451 - \$80,750	<input type="checkbox"/> \$80,751 +
<input type="checkbox"/> 3 Person	→	<input type="checkbox"/> \$0 - \$34,100	<input type="checkbox"/> \$34,101 - \$56,750	<input type="checkbox"/> \$56,751 - \$90,850	<input type="checkbox"/> \$90,851 +
<input type="checkbox"/> 4 Person	→	<input type="checkbox"/> \$0 - \$37,850	<input type="checkbox"/> \$37,851 - \$63,050	<input type="checkbox"/> \$63,051 - \$100,900	<input type="checkbox"/> \$100,901 +
<input type="checkbox"/> 5 Person	→	<input type="checkbox"/> \$0 - \$40,900	<input type="checkbox"/> \$40,901 - \$68,100	<input type="checkbox"/> \$68,101 - \$109,000	<input type="checkbox"/> \$109,001 +
<input type="checkbox"/> 6 Person	→	<input type="checkbox"/> \$0 - \$43,950	<input type="checkbox"/> \$43,951 - \$73,150	<input type="checkbox"/> \$73,151 - \$117,050	<input type="checkbox"/> \$117,051 +
<input type="checkbox"/> 7 Person	→	<input type="checkbox"/> \$0 - \$46,950	<input type="checkbox"/> \$46,951 - \$78,200	<input type="checkbox"/> \$78,201 - \$125,150	<input type="checkbox"/> \$125,151 +
<input type="checkbox"/> 8 Person	→	<input type="checkbox"/> \$0 - \$50,560	<input type="checkbox"/> \$50,561 - \$83,250	<input type="checkbox"/> \$83,251 - \$133,200	<input type="checkbox"/> \$133,201 +

Low-Income Eligibility Program Qualifications

Is family enrolled in a low-income program? If yes, then submit copies of award letter or other supporting documentation to recreation center staff. Examples are:

School Meal Program/Card/Letter	CA State Benefits ID Card	Tax Forms (I-TIN, W2, 1099, 1040, etc.)
CA Golden State EBT Card	CA State or LA County Dept. of Social Services Program Letter	Pay-Stub
P-EBT Card	Medi-Cal Insurance Card (L.A. Care insurance card)	Foster Care Letter
DWP bill (showing Low-Income Discount printed on the bill)	So Cal Gas Bill (showing enrollment in Care program printed on bill)	So Cal Edison Bill (showing enrollment in Care program printed on bill)

I certify under the penalty of perjury 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, and that the income level and/or status I have indicated in this self-certification form 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.

Parent/Legal Guardian Name (Please Print): _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

If your family is experiencing homelessness, or at risk of homelessness, the City of Los Angeles may be able to provide assistance. To learn more please contact the Los Angeles Housing Department at (213) 808-8550 or visit their website at <https://lahousing.lacity.org/aahr>

***** PLEASE ATTACH A COPY OF THE LOW-INCOME ELIGIBILITY PROGRAM WHEN RETURNING THIS FORM *****

***** THE SECTION BELOW IS FOR RECREATION STAFF USE ONLY *****

Recreation Center Name (Please Print): _____

Recreation and Parks Staff Name (Please Print): _____ *Date:* _____

Recreation and Parks Staff Signature: _____

**PLEASE FORWARD ORIGINAL DOCUMENTS TO:
NICK INCARDONA, RAP GRANTS ADMIN. – MAIL STOP 625-27
221 N. FIGUEROA ST., ROOM 200, LOS ANGELES, CA 90012**