

Community Services Block Grant

Participant Eligibility Form

The following form must be completed by all program staff who seek to include program participants in the CSBG Grant.

Participant Name:		SSN: ____ - ____ - ____
Staff Reviewer:		Date: ____/____/____

Determining Eligibility

To be an eligible program participant the student/graduate must meet the income eligibility requirements. Advisors must determine the following information:

1) How many people are in the student/graduates household? _____

Note: A Household includes all members of a family unit. A family unit may be either: (1) related individuals; (2) unrelated individuals who are one economic unit.

2) What is the total income level of the household? _____

Note: Both taxable and non-taxable income should be included in calculating total income level of the household.

3) Based on the answers to Question 1 and 2, is the student/graduate eligible to participate in the CSBG Grant?

YES / NO

Family Size	Annual	Monthly	Weekly
1	\$15,075	\$1,256	\$290
2	\$20,300	\$1,692	\$390
3	\$25,525	\$2,127	\$491
4	\$30,750	\$2,563	\$591
5	\$35,975	\$2,998	\$692
6	\$41,200	\$3,433	\$792
7	\$46,425	\$3,869	\$893
8	\$51,650	\$4,304	\$993
Each Add'l	\$5,225	\$435	\$100

Community Services Block Grant

Participant Eligibility Form

Sources of Household Income (Check all that apply and attach copies of all that are checked):

- ☐ Pay stubs
- ☐ Current tax return
- ☐ IRS Form W-2 and/or 1099
- ☐ A letter from an employer
- ☐ A Social Security check or benefits statement
- ☐ Unemployment insurance benefit statement
- ☐ Child-support payments documentation (copies of checks, history of payments or court papers)
- ☐ Self-employed accounting records
- ☐ Documentation of current participation in public benefits programs including: Temporary Assistance for Needy Families, Supplemental Security Income, non-federally funded General Assistance or General Relief money payments
- ☐ College or university scholarships, grants, fellowships, and assistantship documentation
- ☐ Veterans payments
- ☐ Workers' compensation payments
- ☐ Retirement/pension payments

NOTE: Program participants who claim no household income must sign a separate form attesting to that fact and to the accuracy of the information provided to the eligible entity.

NOTE: There is no prescribed look-back period for income assessment. Depending on an individual program participant's circumstances and the documentation available, it may be reasonable to calculate the participants' income based upon the household income in the past 30 days (multiplied by 12) or based upon a review of the past year (prior year tax return).

Participant Signature: _____

Date: _____

Program Staff Signature: _____

Date: _____