VALLEY SPRINGS
HEALTH & WELLNESS CENTER
O.U.R. VETERANS PROGRAM

CDBG Client Intake & Self Certification Form

Program Name: O.U.R. Veterans Program
Subrecipient Name: Valley Springs Health & Wellness Center

Client /Household Name: _____ Date: _____

Section 1: Household Information

Head of Household: _____
Address: _____
Phone/Email: _____

Additional Adults: _____
Address: _____
Phone/Email: _____

Household Size:

1 2 3 4 5 6 7 8+

Section 2: Demographic Information

Race: (Select all that apply)

☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander
☐ Multi-Racial (Please Specify) _____

Ethnicity:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Gender:

☐ Male ☐ Female ☐ Non-Binary/Other
☐ Prefer not to answer

Head of Household Status:

☐ Elderly (62+) ☐ US Veteran ☐ Homeless
☐ Female Head of House
☐ Person with Disability

Section 3: Income Certification

2025 Income Limits for Calaveras County, by household size and income category:

Household Size	Extremely Low (30% AMI)	Very Low (50% AMI)	Low (80% AMI)
1 Person	$21,350.00	$35,550.00	$71,050.00
2 Person	$24,400.00	$40,600.00	$81,200.00
3 Person	$27,450.00	$45,700.00	$91,350.00
4 Person	$32,150.00	$50,750.00	$101,500.00
5 Person	$37,650.00	$54,850.00	$109,600.00
6 Person	$43,150.00	$58,900.00	$117,750.00
7 Person	$48,650.00	$62,950.00	$125,850.00
8 Person	$54,150.00	$67,000.00	$134,000.00

Certification of Income Level:

My household size is: _____ persons.

☐ My household income is at or below the 80% AMI limit for my household size.
(LMI Eligible)

☐ 30% ☐ 50% ☐ 80%

☐ My household income is above the 80% AMI limit.
(Not LMI-eligible)

Income Documentation:

☐ Self-Certification (this form)

☐ Source Documentation (e.g. pay stubs, benefits letters, tax returns)

Section 4: Duplication of Benefits Disclosure

Federal rules prohibit using CDBG funds to duplicate other assistance you may have received for the same need (like FEMA, SBA, insurance, or other programs) for the same time period.

Have you received assistance from another source for the same need you're applying for today? ☐ YES ☐ NO

If yes, please explain: _____

_____

_____

By signing, I understand that receiving CDBG funds for needs already paid by another source may require repayment.

Section 5: Certification & Signature

Signature (Head of household): _____ Date: _____

Staff Verification (If applicable): _____ Date: _____