

CDBG Application for Financial Assistance

Eligibility

- Applicants must be a City of Palm Coast resident.
- Applicants must engage in care coordination and develop a household budget with their Care Coordinator.
- Meets HUD’s definition of low income (80%) Median Family Income (MFI). See FY 2023 Income Limits Summary.
- Or Meets HUD’s definition of Limited Clientele per HUD 24 CFR part 5, as defined on page 2 of this application.

Required Documentation

- Government issued picture id for person or persons applying for assistance.
- Proof of Income for applicants (1 month worth of paystubs, bank statements and/or tax return).

ACKNOWLEDGEMENT & CERTIFICATION

- I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.
- I/We authorize the above-referenced Flagler Cares and any of its duly authorized representatives to verify all information provided in this application.
- I/We have not been reimbursed, nor applied for future reimbursement for the amount of income loss, for which grant funds are to be provided, by any program or insurance or other government program.

Applicant Last Name		Applicant First Name	
Address			
City		Zip code	

Applicant and Co-Applicant Name	Signatures (signature required to process)	Date

FY 2023 Income Limits Summary Income Limit Category 80% of Median Family Income

Income Limit Area	Median Family Income	Family Size: 1	Family Size: 2	Family Size: 3	Family Size: 4	Family Size: 5	Family Size: 6	Family Size: 7	Family Size: 8
Palm Coast, FL	\$82,700	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450

Self-Certification of Annual Income by Applicant

INSTRUCTIONS: This is a written statement from the applicant documenting their annual gross income, the number of applicant’s household, and the relevant characteristics of each member for the purposes of income determination. Adult applicants must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Classification for limited Clientele per HUD 24 CFR Part 5: Service is designed for the particular needs of or used exclusively by senior citizens, adults meeting the Bureau of the Census' Current Population Reports definition of “severely disabled”, persons living with AIDS, battered spouses, abused children, the homeless, illiterate adults, or migrant farm workers, for which the regulations provide a presumption concerning the extent to which low- and moderate-income persons benefit.

Household Member Information

Household Members First Names:	Head of Household	Co-Head of Household	Disabled	62+	Student ≥18	Child <18	Other Minor <15

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

Income Information

Annual gross income (total of all members)	
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Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to Flagler Cares.

Applicant and Co-Applicant Name	Signatures (signature required to process)	Date

AUTHORIZATION FOR USE OF CDBG FUNDS
(Flagler Cares – Internal Use Only)

Instructions: To be completed with the assigned Care Coordinator/Behavioral Health Counselor and their supervisor.

The following assistance has been recommended for the client listed below.

Select assistance being recommended for approval:

	Type of Assistance	Amount
	Rental Assistance – Month of:	
	Utility Assistance – Month of:	
	Psychiatric Evaluation	
	Medication Management	
	Recovery Residence - Week of:	
	Behavioral Health Service	

Client Name (First and Last Name):

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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Reason for Denial:	
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Supervisor Signature:	Date:

Processed by:

Chief Operating Officer's Signature:	Date of Payment: