

City of Galveston
Community Development Block Grant (CDBG)-CV

University of Texas Medical Branch (UTMB) COVID-19 Testing Program Application
SELF CERTIFICATION OF ANNUAL INCOME BY APPLICANT

INSTRUCTIONS: This is a written statement from the applicant documenting the relevant characteristics for the purposes of income determination. To complete this statement, fill in the blank fields below and check only the boxes that apply. Adult members must then sign this statement to certify that the information is complete and accurate, and that **source documentation will be provided upon request.**

Applicant Information

First Name:	Last Name:	*Last 4 of SS	Date of Birth	Sex	DIS	62+	S≥18	<18

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

***For Staff ONLY: Please input FULL Social Security Number in the Tracking Sheet**

Do you have health insurance? Yes No

If so, will your health insurance cover COVID -19 testing? Yes No

*****IF YOUR HEALTH INSURANCE COVERS COVID-19 TESTING YOU ARE NOT ELIGIBLE FOR THIS PROGRAM.*****

Contact Information

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:
Phone #:	Email:	

TDL #:	State ID #:	State Issued:
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Emergency Contact:	Phone #:

Income Information

INCOME is defined as the total annual gross income of the applicant. All sources of income must be counted based on anticipated income expected within the next 12 months.

What is your total gross annual income? \$ _____

(Includes: wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC, TANF or other benefits)

How often are you paid? Weekly Bi-weekly, Twice a Month, or Monthly

Please calculate your total assets, including (a) checking, savings and other account balances; (b) tax assessed value of real estate owned other than your home; (c) cash value/equity of any Life Insurance Policy; and (d) any other assets. NOTE: a percentage of assets will be calculated by staff as part of income (example: \$100,000 assets x 2.0% = \$2,000). **Total Assets = \$ _____**

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Please check your Ethnicity (pick 1 of 2): Hispanic or Non-Hispanic

Please check your Race (pick 1 of 6 choices):

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Other _____

Employment Information

Employer Name: _____

Employer Full Address: _____

Phone #: _____

Supervisor Name: _____

Position: _____

What Industry do you work in:

- Hospitality
- Service
- Retail
- Other _____

Have you had contact with someone that tested positive for COVID-19? Yes No

Are you showing any symptoms? Yes No

If so, please check all symptoms that apply:

- | | |
|--|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Nonproductive persistent cough | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Shortness of breath/difficulty breathing | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Chills or repeated shaking with chills | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Muscle pain (including new onset low pain pain), joint pain extreme fatigue | <input type="checkbox"/> Conjunctivitis (red eye with discharge) |

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AUTHORIZATION OF RELEASE FOR INFORMATION

I hereby authorize persons, organizations, or employers, federal, state or local agencies, governmental entities, utility companies or establishments to furnish information about me to a representative of THE CITY OF GALVESTON Community Development Block Grant – CV Program of Galveston, Texas in conjunction with the City of GALVESTON, Texas for the **University of Texas Medical Branch (UTMB) COVID-19 Testing Program**

I hereby grant permission of the release of information that may be relevant to my application.

I understand that this release of information is valid until it is revoked in writing.

APPLICANT STATEMENT: I hereby certify under penalty of perjury that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City, UTMB, or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary.

DO NOT SIGN – Application will be signed at the Testing appointment

Applicant Name		
Signature	Printed Name	Date

Parent or Guardian, if the applicant is under 18 years of age		
Signature	Printed Name	Date
Signature	Printed Name	Date

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.