

**\* Type organization name here**

**SELF-ATTESTATION OF ELIGIBILITY  
FOR  
COMMUNITY SERVICES BLOCK GRANT SERVICES (CSBG)**

**Purpose:** This self-attestation document may be completed and signed when substantive documentation of client's ability to meet CSBG eligibility criteria is not available. CSBG delegate agencies may alter or replace this document with their own self-attestation, as long as it provides the information requested below and is acknowledged by a client signature, and date of signing.

**Source of Family Income**

<b>No Income</b> (check box) <input type="checkbox"/>	
a. TANF	\$ 0.00
b. SSI	\$ 0.00
c. Social Security	\$ 0.00
d. Pension	\$ 0.00
e. General Assistance	\$ 0.00
f. Unemployment Insurance	\$ 0.00
g. Employment	\$ 0.00
h. Other	\$ 0.00
<b>Total Household Income:</b>	<b>\$ 0.00</b>
<b>Number of Family Members in Household:</b>	<b>0</b>

**COMMENTS:**

[enter comments here](#)

I, (Print client's name) attest that all the information and  
Please print clearly  
statements above are true and complete to the best of my knowledge.

Check if electronic signature

*Client's signature*

*date*

Client Signature

Date