

**LIMITED CLIENTELE ACTIVITIES (LMC)**  
**National Objective**

Limited clientele activities are those that will benefit a specific or targeted subset of the grantee's service area (e.g., youth, seniors, job- seekers), where at least 51% of whom are low- and moderate-income persons<sup>1</sup>.

Examples include, but are not limited to: construction of a senior center; social services for the homeless; child care facilities or funding child care services, meals on wheels for the elderly; job training facilities or services, community health clinics, substance use disorder counseling, and others.

The activity must meet **one** of the following qualifying criteria:

1. The activity must *exclusively* serve a group of people generally presumed by HUD to be principally low- and moderate-income. The activity can benefit one or more (in any combination) of these presumed groups. These presumed groups are:
  - ✓ abused children,
  - ✓ adult survivors of domestic violence,
  - ✓ elderly persons (over 62),
  - ✓ adults meeting the definition of "severely disabled",
  - ✓ houseless persons,
  - ✓ illiterate adults,
  - ✓ persons living with AIDS, and
  - ✓ migrant farm workers.
2. The activity must have income eligibility requirements that limit the activity exclusively to low- and moderate-income persons, (e.g., restricted to participants that are recipients of WIC or Section 8 housing vouchers). The program must be designed to target the income qualified group and document its participants.
3. The activity must determine and document the annual family income for all beneficiaries. A minimum of 51% of all beneficiaries served must be low- and moderate-income people (based on family income). For example, a facility is rehabilitated for use as a daycare or health clinic. Clients of the daycare or clinic would complete in-take documents to certify the family income is above or below the limit for their family size as determined annually by HUD. **See the Sample Income Self-Certification Form below.**
4. The activities must be of such nature and in such a location that it may be reasonably concluded that the activity's clientele will primarily be low- and moderate-income people. For example, an after-school program is offered solely for residents of an affordable housing complex.<sup>2</sup>

<sup>1</sup> Low income persons are people whose annual family income falls below 80% of the area median family income based on family size. Family means all persons related by birth, marriage or adoption living in the same household. "Family" is different than "household". Two different families may live in the same household. A single person can be a "family". HUD updates annual family income limits every year. Service providers must also update their income limits as appropriate. The most recent CDBG Income Limits can be found here: <https://www.hudexchange.info/resource/5334/cdbg-income-limits/>

<sup>2</sup> Use of this option is rare and requires prior review and approval by GOED.

**SAMPLE SELF-CERTIFICATION FORM**  
**Limited Clientele Indirect Benefit Activities**

Beneficiary/Client Name: \_\_\_\_\_

The following information is required to be aggregated and reported on an annual basis as a recipient of Community Development Block Grant (CDBG) funds. Your assistance in the completion of this form is greatly appreciated. It will be held in **strict confidence**, and used only to verify that we are meeting the requirements of the CDBG program.

**Part I**

Please choose the row that represents your family size and circle the Income Category that best describes your family income. This data is **required** by the CDBG program.

Family Size	Income Category A	Income Category B	Income Category C	Income Category D
1 Person	\$0 - 24,850	\$24,851 - \$41,400	\$41,401 - 66,250	\$66,251 +
2 Person	\$0 - \$28,400	\$28,401 - \$47,300	\$47,301 - \$75,700	\$75,101 +
3 Person	\$0 - \$31,950	\$31,951 - \$53,200	\$53,201 - \$85,150	\$85,151 +
4 Person	\$0 - \$35,450	\$35,451 - \$59,100	\$59,101 - \$94,600	\$94,601 +
5 Person	\$0 - \$38,300	\$38,301 - \$63,850	\$63,851 - \$102,200	\$102,201 +
6 Person	\$0 - \$41,150	\$41,151 - \$68,600	\$68,601 - \$109,750	\$109,751 +
7 Person	\$0 - \$44,000	\$44,001 - \$73,300	\$73,301 - \$117,350	\$117,351 +
8 Person	\$0 - \$46,800	\$46,801 - \$78,050	\$78,051 - \$124,900	\$124,901 +

NOTE: "Income" is the total annual income of all family members. All income for all persons in the family must be included in calculating family income. Types of income to be included are wages, tips, self-employment income, interest/dividends, SSI or other public assistance, social security or other income regularly received such as VA payments, retirement benefits, unemployment compensation, etc.

**Part II**

Please circle the appropriate racial, ethnic, familial status, age, and handicapped category that applies to you. More than one category may apply to each family. Please note this information will be used for *aggregated analysis purposes only*. We ask you to provide this information voluntarily. If you do not wish to provide the information, you may refuse to do so.

<b>Race (check one):</b>		<b>Ethnicity (check one):</b>	
American Indian or Alaska Native	<input type="checkbox"/>	American Indian or Alaskan Native <b>AND</b> White	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Asian <b>AND</b> White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Black/African American <b>AND</b> White	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	American Indian/Alaskan Native <b>AND</b> Black/African-American	<input type="checkbox"/>
White	<input type="checkbox"/>	Balance / Other	<input type="checkbox"/>
			<b>Household (check all that apply):</b>
			Single Head of Household <input type="checkbox"/>
			62 or Older <input type="checkbox"/>
			Disabled Adult <input type="checkbox"/>

**I certify that the information provided on this form is accurate and complete.** I further acknowledge that this self-certification may be subject to further verification by the U.S. Department of Housing and Urban Development (HUD).

**Client Name** (Please Print): \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_