

LIMITED CLIENTELE CERTIFICATION

For LMC Benefit Activities ONLY

PART I. IDENTIFY THE CLIENTELE TO BENEFIT

To qualify under Limited Clientele criteria, the activity must benefit clientele who are generally presumed by HUD to be principally low-moderate income (L/M) persons (24 CFR 570.483(b)(2)(ii)(A). Please select one of the following groups that are generally presumed by HUD to be principally L/M persons for this project.

- | | |
|---|---|
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Elderly persons (age 62 and older) |
| <input type="checkbox"/> Battered Spouses | <input type="checkbox"/> Homeless Persons |
| <input type="checkbox"/> Illiterate Adults | <input type="checkbox"/> Persons living with AIDS |
| <input type="checkbox"/> Migrant farm workers | |
| <input type="checkbox"/> Severely Disabled Adults (as defined by Bureau of Census*) | |
| <input type="checkbox"/> Other: _____ | |

PART II. DOCUMENTATION (attach separate sheets of paper)

Total # Limited Clientele Beneficiaries: _____ # of beneficiaries who are LMI _____

For projects under the “presumed” group (as listed above) please provide the following:

- Documentation that the facility or service will be used exclusively by LMC persons.
- Documentation describing how the nature and/or the location of the activity establish that it will be used primarily by LMC persons.

*Severely disabled adults as defined by the Bureau of Census: Under this definition, persons are classified as having a severe disability if they: (a) used a wheelchair or had used another special aid for 6 months or longer; (b) were unable to perform one or more functional activities or needed assistance with an Activity of Daily Living or Instrumental Activity of Daily Living; (c) were prevented from working at a job or doing housework; or (d) had a condition including autism, cerebral palsy, Alzheimer's disease, senility, or mental retardation. Finally persons who are under 65 years of age and who are covered by Medicare or receive SSI are considered to have a disability (and a severe disability). Functional activities include seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking. Activities of daily living include getting around inside the house, getting in and out of bed or a chair, bathing, dressing, eating, and toileting. Instrumental Activities of Daily Living include going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

PART III. CERTIFICATION

Agency Name: _____

Certification Completed by: _____ Date: _____

Director/ Executive Director Signature: _____ Date: _____