

**LIMITED CLIENTELE WORKSHEET REPORTING**

Name of Owner: \_\_\_\_\_

NAME OF BUSINESS:	LOCATION/ ADDRESS
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**PART 1: IDENTIFY THE CLIENTELE TO BENEFIT****PRESUMED BENEFIT**

To qualify under Limited Clientele criteria, the activity must exclusively benefit clientele who are generally presumed by HUD to be principally low-moderate income (L/M) persons (24CFR570.483(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.

Please select one of the presumed categories that the beneficiaries of the proposed activity will be qualified as.

- |   |   |
|---|---|
| <input type="checkbox"/> Abused children                    | <input type="checkbox"/> Severely disabled adults (as defined by Bureau of Census*) |
| <input type="checkbox"/> Elderly persons (age 60 and older) | <input type="checkbox"/> Illiterate adults  |
| <input type="checkbox"/> Battered spouses                   | <input type="checkbox"/> Persons living with AIDS                                   |
| <input type="checkbox"/> Migrant farm workers               | <input type="checkbox"/> Enterprise   |
| <input type="checkbox"/> Homeless Person                    | <input type="checkbox"/> Other  |

\*Persons are considered severely disabled if they:

- Use a wheelchair or another special aid for 6 months or longer;
- Are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs and walking);
- Need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating and toileting) or instrumental activities or daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone);
- Are prevented from working at a job or doing housework;
- Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia or mental retardation; or
- Are under 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).

**Note: Exclusively means that all of the beneficiaries of the activity must meet the criteria for being presumed.**

*If the beneficiaries fall into any other category but those above, then Presumed Benefit category may not be used to qualify for Limited Clientele.*

**OTHER OPTIONS FOR QUALIFYING FOR THE LIMITED CLIENTELE CATEGORY**

Please select one of the other options to qualify the activity as LMC, if the Presumed Benefit option above cannot be used.

- Require documentation on family size and income in order to show that at least 51 percent of the clientele are LMI; For example: A summer lunch program that uses other funding with an income requirement; or
- Have income eligibility requirements limiting the activity to LMI persons only; For example, construction of a waterline that will only service a senior (62 or older) housing complex; or and is a commercial enterprise that has five or fewer employees, one or more of who owns the enterprise.
- Be of such a nature and in such a location that it can be concluded that clients are primarily LMI. For example, is a day care center that is designed to serve residents of a public housing complex.

**Print Owner's Name:** \_\_\_\_\_

**Owner's Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_