CDBG Program
Household Income Self Certification Form

Information on annual household income and race is required to determine eligibility for public services funded with federal Community Development Block Grant (CDBG) funds. Each participant must indicate the number of persons in their household, and then CHECK THE BOX that contains the amount of annual income. INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household, including a percent of assets. All sources of income must be counted from all persons in the household based on anticipated income within 12 months.

Please check your Income Range based on your Family Size (for example if there are 5 people in your household, go to Household of 5):

Household of 1: $0 - $17,300 $17,301 - $28,850 $28,851 - $45,100 $45,101+
Household of 2: $0 - $19,800 $19,801 - $32,950 $32,951 - $51,550 $51,551+
Household of 3: $0 - $22,250 $22,251 - $37,050 $37,051 - $58,000 $58,001+
Household of 4: $0 - $24,700 $24,701 - $41,150 $41,151 - $64,401 $64,401+
Household of 5: $0 - $26,700 $26,701 - $44,450 $44,451 - $69,600 $69,601+
Household of 6: $0 - $28,700 $28,701 - $47,750 $47,751 - $74,751 $74,751+
Household of 7: $0 - $30,650 $30,651 - $51,050 $51,051 - $79,900 $79,901+
Household of 8: $0 - $32,650 $32,651 - $54,350 $54,351 - $85,050 $85,051+

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 = $_____________________

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

Please check your Race (pick 1 of 10 choices):
☐ White ☐ Black or African American
☐ Asian & White ☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander ☐ Other
☐ Black/African American & White ☐ American Indian/Alaskan Native & White
☐ Asian ☐ American Indian/Alaskan Native & Black

Does your family have a FEMALE HEAD OF HOUSEHOLD? ☐ Yes ☐ No

Program or Activity ___________________________ Dates of Participation ___________________________

APPLICANT STATEMENT: I hereby certify 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, by the City or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Participant or Beneficiary Name (Please Print)

Signature (Parent or Guardian, if participant is under 18 years old) Date